



What Do Adult and Youth Consumers and Parents/Guardians of Children and Youth Say About Mental Health Services?

FY 2007 Detailed Report

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Introduction

Random samples of adult consumers with serious and persistent mental illnesses, youth with serious emotional disturbance, and parents/guardians of children and youth with serious emotional disturbance are mailed survey questionnaires each year. All eleven community mental health centers participate.

The South Dakota Mental Health Division has been obtaining evaluations by adult consumers of services received from local community mental health centers since 1999. Subsequently the South Dakota Mental Health Division initiated a project to obtain evaluations by youth consumers of services received from local community mental health centers. Since 2001 a random survey has been conducted yearly of youth fourteen years of age or older who had serious and persistent mental illnesses. Starting in Year 2003 a random survey was also conducted of Family of Children and Youth.

For all 3 surveys instruments are based primarily on a national instrument used with variations in most states through the MHSIP Program. Consumers are asked to assess their access to services, the appropriateness of services, satisfaction with services, participation in treatment planning, and outcomes of receiving services. Youth and families of children and youth also answer questions that assess the cultural sensitivity of service providers and staff. The goal is to learn what works for whom and to improve services through a continuous quality improvement process using data from these surveys.

Survey Distribution and Returns

Each of the 3 samples for 2007 was drawn from all active consumers with at least one service for the 3 months of January through March of 2007. All adult consumers are SPMI. All children and youth consumers are SED.

Adults Sample: For Year 2007 1013 surveys were sent out of a potential population of 4712 clients. Of the 1009 surveys sent, 89 were returned as undeliverable because of a bad address, leaving 924 possible returns. Surveys were returned by 282 individuals, a return rate of 31%. This is an excellent return rate, though it represents a drop of about 6.5% from last year.

Adult consumers were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. Of those 282 consumers who returned the survey 277 met this additional set of criteria, a return completion rate of 30%.

For Year 2007 the number of completed surveys for each CMHC varied from 5 to 38 (see table labeled Number of Adult Surveys Completed by CMHC for each Year through 2007, next page). The completion percentages varied from a low of 17.9% to a high of 42.2%. All surveys were able to be identified. Only one CMHC, Three Rivers Mental Health, had fewer than 15 returns, with only 5 of the 28 clients reached returning their questionnaire. This was the CMHC with the lowest adult consumer population and the lowest return rate.

Number of Adult Surveys Completed by CMHC for each Year through 2007

PROVIDERS	Years 1999- 2002 average	Year 2003	Year 2004	Year 2005	Year 2006 Usable Returns	Year 2007 sample	Year 2007 (deli- vered)	Year 2007 Usable Returns	% Completed Usable Surveys
Not Available	6.3	3	1	0	0	n.a.	n.a.	0	
Behavior Management Systems	43.3	32	40	96	28	99	88	28	31.8%
Capital Area CS	32.0	23	30	84	34	97	86	29	33.7%
Community Counseling Services	39.3	41	38	91	37	97	90	37	41.1%
Dakota Counseling Institute	35.0	26	32	70	28	98	83	17	20.5%
East Central Mental Health	35.7	32	25	93	27	98	81	22	27.2%
Human Service Agency	37.7	36	32	70	30	99	97	26	26.8%
Lewis and Clark Behavioral Health Services	33.0	25	36	80	30	100	86	18	20.9%
Northeastern Mental Health Center	40.0	28	43	88	36	98	88	30	34.1%
Southeastern Behavioral HealthCare	44.3	41	38	90	40	100	90	38	42.2%
Southern Plains Behavioral Health Services	28.7	35	34	89	24	98	94	27	28.7%
Three Rivers Mental Health	4.3	12	6	27	11	29	28	5	17.9%
Totals	1139	334	355	878	325	1013	911	277	30.4%

Survey instruments were based on a national instrument being implemented in most states through the MHSIP Program. Adult consumers were asked to agree or disagree with 28 statements related to the ease and convenience with which they got services (used to compute the domain of Access), the quality of services (used to compute the domain of Appropriateness), the results of services (used to compute Outcomes), the consumer's ability to direct their own course of treatment (used to compute Treatment Participation, and whether they liked the service they got (used to compute General Satisfaction). Finally, an Overall MHSIP score was defined from the average consumer response to all MHSIP items.

An overall MSHIP score for each consumer was computed as well as a score for each of the five MHSIP domains. A MHSIP score is computed only if two-thirds or more of the questions that comprise the score were answered; otherwise that scale is left blank.

As just defined, scores can range from a low of 1 (the most positive response) to a score of 5 (the least positive response). A consumer whose domain score is less than 2.5 is defined as

having been 'satisfied' with that domain. Scores between 2.5 to 3.5 are defined as 'neutral', and scores higher than 3.5 are considered unsatisfied with that domain.

Youth Sample: For Year 2007, 735 clients were chosen out of a client population of 2,245. Out of 735 surveys sent out 92 surveys were returned as undeliverable because of a bad address, leaving 643 possible successful returns. Surveys were returned by 108 youth, for a return rate of 16.8%. Youth were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. One hundred seven (107) youth did this; this represents a return completion rate of 16.8%.

Two years ago the return rate was lower than those of prior years; this was attributed to a change in survey method. Previous to this a second survey was sent out after approximately two weeks to those who had not as yet returned their survey. Two years ago the survey was sent out once only.

Last year and this year the procedure again included a second mailing when necessary. As a result, return rates last year were back in the range of prior surveys (20% - 21%); the return completion rate has slipped a bit this year.

The table below page shows the number of surveys completed for each Center for the seven years the youth survey has been conducted. Of those delivered this year, Center completion rates varied from a low of 0% to a high of 27.5%.

Youth Sample: Number of Surveys Completed by Centers for each Year

PROVIDERS	Year 2001	Year 2002	Year 2003	Year 2004	Year 2005	Year 2006 Usable	Year 2007 Mailed	Year 2007 Delivered	Year 2007 Usable	Year 2007 % Usable
Not Available	18	0	4	0	0	1	-	-	0	
Behavior Management Systems	12	20	15	17	14	14	100	81	8	9.9%
Capital Area CS	7	5	8	8	8	13	69	62	11	17.7%
Community Counseling Services	10	9	5	8	2	9	38	36	7	19.4%
Dakota Counseling Institute	9	22	19	24	16	28	100	69	19	27.5%
East Central Mental Health	9	1	2	2	2	1	5	4	0	0.0%
Human Service Agency	10	11	11	6	10	10	56	56	6	10.7%
Lewis and Clark Behavioral Health Services	20	21	21	18	22	17	100	91	19	20.9%
Northeastern Mental Health Center	27	17	16	14	14	14	89	81	18	22.2%
Southeastern Behavioral HealthCare	6	22	10	12	6	9	100	90	9	10.0%
Southern Plains Behavioral Health Services	3	6	14	5	2	6	44	41	7	17.1%
Three Rivers Mental Health	2	6	6	1	1	6	34	32	4	12.5%
Totals	133	140	131	115	97	128	735	643	108	16.8%

Family of Children and Youth Sample: For Year 2007, 985 clients were chosen out of a client population of 4,385. Out of 985 surveys sent out, 115 surveys were returned as undeliverable because of a bad address, leaving 870 possible successful returns. Surveys were returned by 185 respondents; this represents a return rate of 21%. This is a very respectable return rate.

These returns were included in the subsequent analyses only if the family member or caretaker had completed sufficient items to compute at least two of the MHSIP domains. One-hundred eighty (180) respondents did this, for a return completion rate of 20.6%.

Two years ago the return rate was lower than those of prior years; this was attributed to a change in survey method. Previous to this a second survey was sent out after approximately two weeks to those who had not as yet returned their survey. Two years ago the survey was sent out once only.

Last year and this year the procedure again included a second mailing when necessary. As a result, return rates were back in the range of prior surveys last year (about 26%). This year the response rate has slipped to just over 21%, still a respectable result.

The table below shows the number of surveys completed for each Center for Years 2003 through 2007. Center completion rates varied from 9% to 32%.

Both survey instruments were based on a version of a national instrument designed for youth and for family members/caretakers of youth that is being implemented in many states through the MHSIP Program. The two survey instruments were identical except for wording changes that made it clear that the Youth were answering questions about themselves, while the Family of Children and Youth were answering questions about “their” child or youth.

Family Sample: Number of Surveys Completed by each Center for Each Year

PROVIDERS	Year 2003	Year 2004	Year 2005	Year 2006 Usable	Year 2007 Mailed	Year 2007 Delivered	Year 2007 Usable	Year 2007 % Usable
Not Available	3	4	0	1	-	-	2	
Behavior Management Systems	27	31	16	20	99	79	17	21.5%
Capital Area CS	20	27	15	15	92	84	16	19.0%
Community Counseling Services	21	28	24	27	100	95	15	15.8%
Dakota Counseling Institute	11	23	13	25	100	72	13	18.1%
East Central Mental Health	6	2	8	4	15	11	1	9.1%
Human Service Agency	25	13	12	18	100	96	19	19.8%
Lewis and Clark Behavioral Health Services	15	37	25	26	100	90	29	32.2%
Northeastern Mental Health Center	25	17	16	25	94	84	22	26.2%
Southeastern Behavioral HealthCare	19	24	20	16	100	90	24	26.7%
Southern Plains Behavioral Health Services	12	19	6	18	100	90	10	11.1%
Three Rivers Mental Health	21	15	8	23	85	79	12	15.2%
Grand Total	205	240	163	218	985	870	180	20.7%

Thus Youth consumers along with Family of Children and Youth parents/guardians were asked to agree or disagree with 21 statements related to the ease and convenience with which they received services (Access), the quality of services (Appropriateness), results of services (Outcomes), ability to direct their own course of treatment (Treatment Participation) and staff sensitivity to their background/culture (Cultural Sensitivity). Finally, an Overall MHSIP

score was defined from the average consumer response to all MHSIP items. This MHSIP score was computed only if two-thirds or more of the questions that comprise the score were answered; otherwise, that scale was left blank.

Scores ranged from a score of 1 (the most positive response) to a score of 5 (the least positive response). Note that on the Youth questionnaire the scale was reversed, with 1 being the least positive and 5 being the most positive response. For this report Youth scores have been transformed for consistency of presentation. Thus for both surveys a consumer whose domain score was less than 2.5 was defined as having been ‘satisfied’ with respect to that domain. Scores of 2.5 to 3.5 were defined as ‘neutral’ and scores higher than 3.5 were considered unsatisfied with respect to that domain.

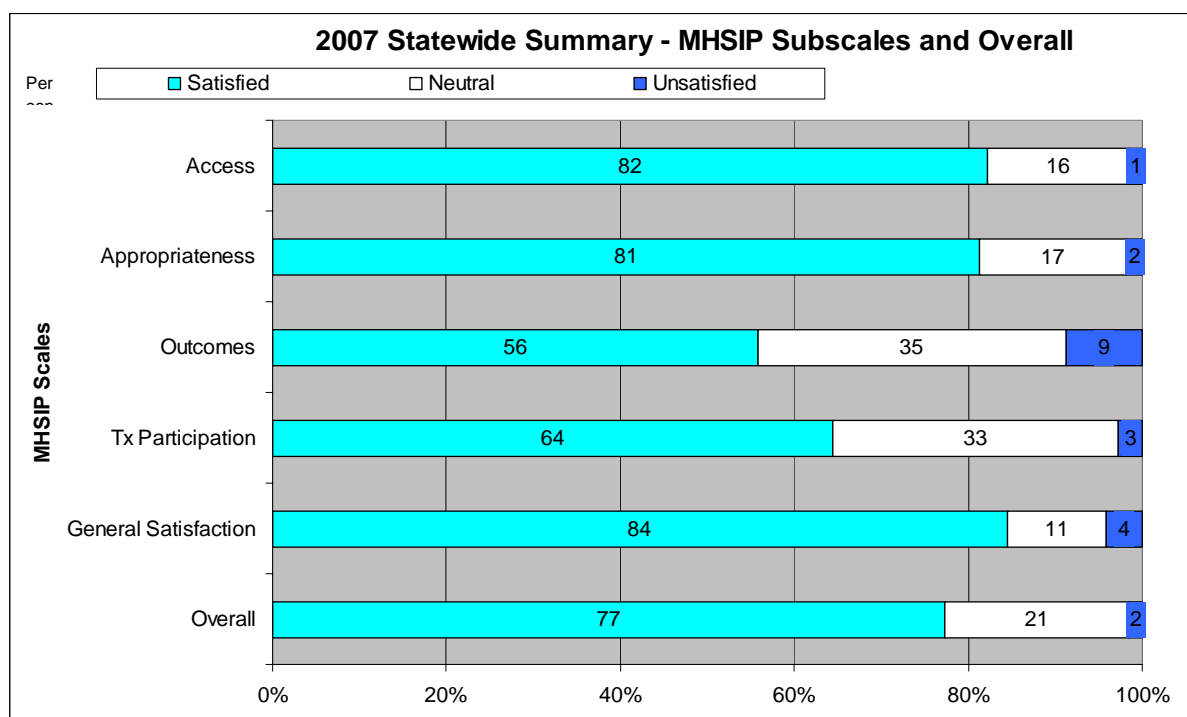
When presenting the MSHIP data from the three survey samples two different types of scores may be used. One method will be based on the percentage of each group that are Satisfied, Neutral, or Dissatisfied with the MHSIP domains. The second will use the scores themselves, a more sensitive measure. The results from the main statistical analyses will also use the scores themselves as the measure. The average score over groupings or levels of another variable will be compared and contrasted. A supplementary set of analyses may also be carried out that uses a less powerful statistical technique, chi square, to look at whether a consumer has been classified as ‘satisfied’, ‘neutral’, or ‘unsatisfied’ on a particular domain or on the MHSIP overall in relationship to these same groupings with the levels or scores of another variable.

Findings Statewide

This section presents the results of the three sets of survey findings statewide. For each of the three surveys consumer evaluation of the quality and outcomes of services are analyzed using MHSIP domain scores. Domain scores are presented from the survey this year and compared with previous years. Differences on the MHSIP domains among providers are presented. The next analysis demonstrates health problems of survey respondents by analyzing the Health Related Quality of Life questions included in the consumer survey that are also in a general population survey conducted in the state (the Behavioral Risk Factor Surveillance System).

Adult Sample Statewide: For Year 2007, the chart below presents the percentage of adult consumers whose evaluations indicate that they are satisfied, neutral, or unsatisfied as defined above. This was done separately for each MHSIP domain and for the MHSIP Overall.

An inspection of this chart indicates that consumers evaluated services very positively overall and in all five domains. There were an especially high percentage of consumers satisfied in the domains of Access and Appropriateness, as well as with General Satisfaction. Seventy-nine per cent of consumers indicated that there was satisfied on MHSIP Overall, just about the same percentage as last year.



The average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included is the number (and percentage) of consumers for whom a score could be computed.

As shown in this table the mean domain scores for this year compared to last year are quite similar. None of these differences are statistically (or practically) significance ($p > .13$).

Domain	# (and %) of valid scores from 277 respondents	Mean Y2007	Mean Y2006	Standard Deviation Y2007
Access (based on 6 items)	270 (97%)	1.84	1.92	0.67
Appropriateness (based on 9 items)	262 (95%)	1.95	2.04	0.69
Outcomes (based on 8 items)	265 (96%)	2.39	2.32	0.84
Treatment Participation (2 items)	256 (92%)	2.05	2.10	0.83
General Satisfaction (3 items)	270 (97%)	1.80	1.83	0.86
MHSIP Overall (based on all 28 items)	264 (95%)	2.05	2.06	0.60

The domain of Outcomes is most closely based on actual behavior. Adult consumers consistently have rated the domain least positively; they did so in this year's survey as well. Statistically this domain was significantly less positive than any of the other domains ($p < .001$). The effect size differences between Outcomes and the other domains were in the small to moderate range. This is a meaningful effect.

As has generally been the case for adult consumers the domain of General Satisfaction has been rated most positively, on average. The domain of Access has generally been next. This was reversed this year, but the difference was statistically random. This year all domains were reliably (statistically) different from each other with the exception of these two domains: Access and General Satisfaction.

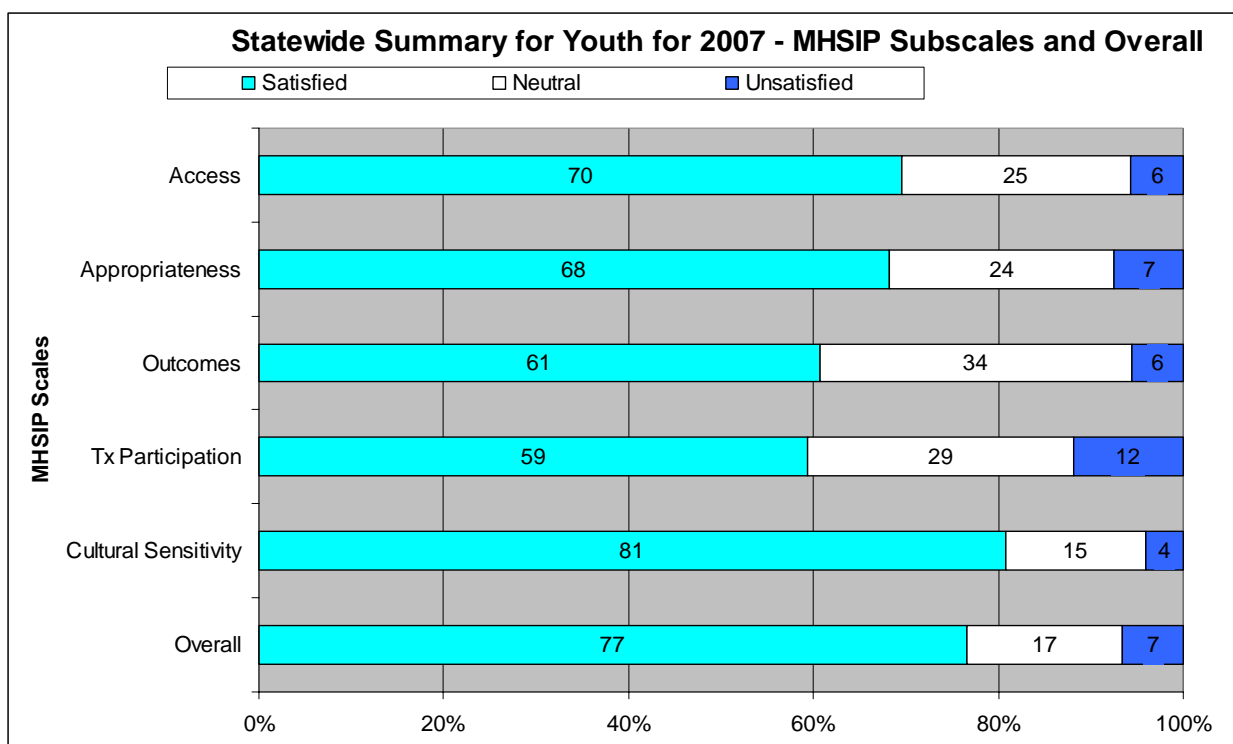
On a related but independent issue there is a high degree of consistency in the way consumers rate each of these five domains. This year correlations between pairs of domains fall between 0.36 and 0.67; this is slightly lower but still similar to the magnitude of the correlations found in previous years.

One way to interpret this finding is to note that adult consumers have a tendency to rate all the domains in a 'consistent' way. That is, for those who rate the items in one domain strongly positively or negative compared to other respondents, there is a tendency to do the same for the items in the other domains. It should be noted that this is only a tendency.

'Trend' analyses were carried out to determine whether there were any changes in MHSIP scale scores that could be related to increased or decreased satisfaction over all administrations of the questionnaire. Nothing noteworthy was found.

Youth Sample Statewide: For Year 2007, the Youth sample results for MHSIP Scale Overall and for each of the domains are shown in the chart below. This chart presents the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above.

For the current Youth sample results vary only slightly when compared to last year's results. To assess whether this represented a 'real' change, respondent's average score in each domain were compared for years 2007 to 2006 to 2005. There was no evidence of a statistically significant change, however ($p > .40$ or beyond in all cases).



For the Youth sample the average score for each domain and for the MHSIP Overall are presented in the table below for Years 2007 back to 2005. Also included for each domain is

the number (and percentage) of these 107 youth consumers from the 2007 survey for whom a score could be computed.

Domain	# (and %) of valid scores from the 107 respondents)	Mean Year 2007	Mean Year 2006	Mean Year 2005
Access (based on 2 items)	105 (98.1%)	2.10	2.07	2.07
Appropriateness (based on 7 items)	107 (100%)	2.13	2.17	2.07
Outcomes (based on 6 items)	107 (100%)	2.28	2.22	2.29
Treatment Participation (3 items)	101 (94.5%)	2.33	2.39	2.33
Cultural Sensitivity (5 items)	99 (92.5%)	1.84	2.00	1.90
MHSIP Overall (based on all 23 items)	107 (100%)	2.15	2.17	2.14

Outcomes is the domain most closely based on actual behavioral outcomes, and for Adult and Family of Children/Youth respondents is typically the domain that these two sets of consumers rate least positively. Youth, however, typically rate Treatment Participation least positively. While there is an occasional exception it is interesting to note that for youth the last three years the domain of Treatment Participation was again more negative than the domain of Outcomes. While last year the difference was statistically reliable ($p < .05$), this year the difference was not (mean difference = .05 scale points, $p = 0.26$). In effect youth rated the domains of Outcomes and Treatment Participation equally negatively.

Statistically the mean ratings for the domains of Outcomes and Treatment Participation were significantly less positive than the means of any of the other domains ($p < .05$ and beyond). The domain of Cultural Sensitivity was significantly more positive than any of the other domains ($p < .05$ and beyond). No other pairing of the domains differed from each other.

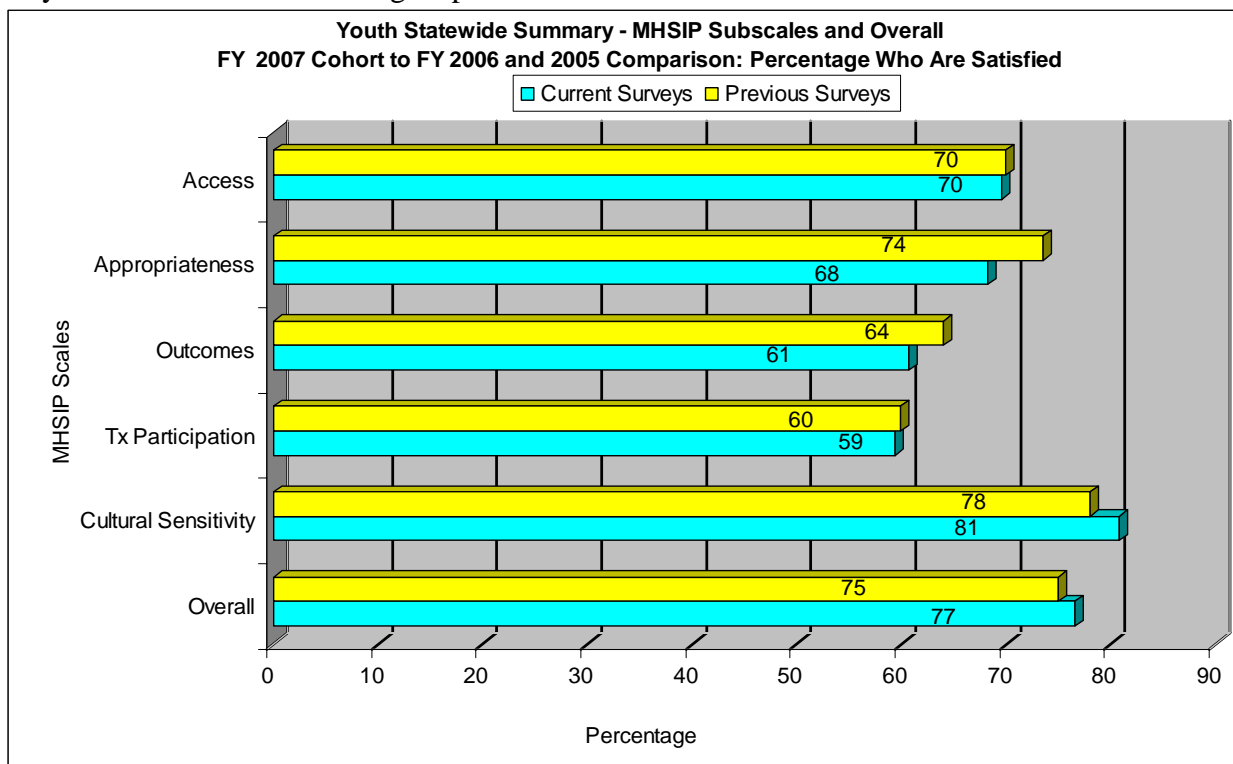
On the domains they share in common, ratings of Youths compared to the ratings of Adult consumers were somewhat less positive on all comparable domains except for Outcomes; differences ranged from .15 to .30 of a scale point. For Outcomes, Youth were slightly more positive than Adults by one-tenth of a scale point. This is very close to the results found in last year's comparisons.

A correlational analysis was done to assess the degree of consistency among the domains. With the exception of Year 2004 there has been a relatively high degree of consistency in youth consumer ratings among all the domains. This was again true this year. The lowest correlation among any pair of domains was just below 0.40.

A similar finding occurs when analyzing data from all six years. For the entire sample of Youth, the lowest correlation for two domains was just below 0.40. This would seem to demonstrate the tendency for consumers to perceive some degree of positivity or negativity among the five domains. Interestingly the lowest correlation among pairs of domains was between Cultural Sensitivity and Outcomes.

Additional "trend" analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the seven administrations of the questionnaire. Overall none were found. That is, there is no evidence that, on average, scores on the MHSIP scales varied significantly between years ($p > .10$ in all cases). Thus, it appears that over all providers, statewide scores have varied on average within a relatively small range.

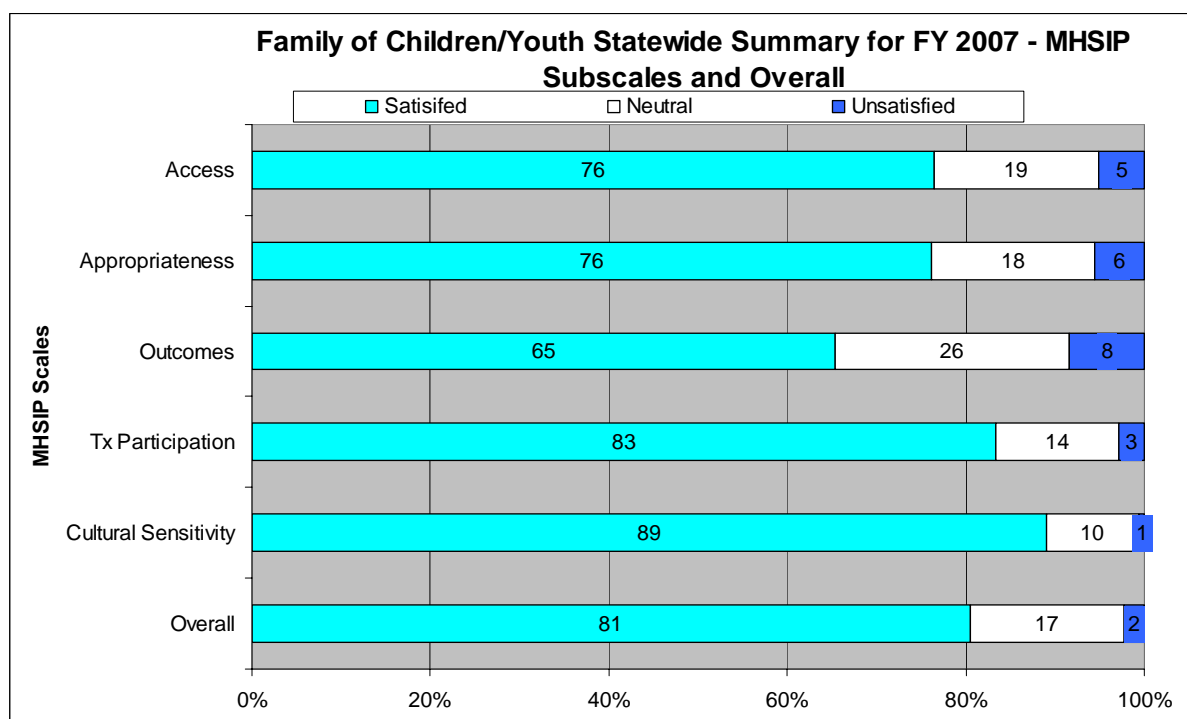
The chart below, which shows the percentage of youth consumers who marked satisfied responses in each domain for Year 2007 compared to the previous two years combined, is very consistent with the findings reported above.



Family of Children and Youth Sample Statewide: For Year 2007, the results for Family of Children and Youth for the MHSIP Scale are shown in the chart on the next page. This chart presents the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall.

The results for the Family of Children and Youth respondents were quite positive, though less so for the Outcomes domain. Visually, these results were even more positive than those for youth consumers for all domains. These percentages were, over all domains, about the same as or better than those for Adult consumers.

For Family of Children and Youth respondents, the average score and standard deviation for the MHSIP domains and for the MHSIP Overall are presented in the table below the chart on the next page. Also included for each domain is the number (and percentage) of the 180 parents/guardians of consumers for whom a score could be computed.



Domain	# (and %) of valid scores from the 180 respondents	Mean Year 2007	Mean Year 2006	Mean Year 2005
Access (based on 2 items)	178 (99.0%)	1.92	1.83	1.67
Appropriateness (based on 7 items)	180 (100%)	1.99	1.95	1.91
Outcomes (based on 6 items)	179 (99.4%)	2.31	2.40	2.34
Treatment Participation (3 items)	174 (96.7%)	1.92	1.94	1.97
Cultural Sensitivity (5 items)	165 (91.7%)	1.64	1.71	1.72
MHSIP Overall (based on all 23 items)	180 (100%)	2.00	2.01	1.98

Outcomes is the domain most closely based on actual behavioral outcomes, and was the domain that Family of Children and Youth respondents rated least positively by a substantial margin. All other domains were rated quite positively. Not surprisingly the domain of Outcomes was rated significantly less positively than the other four domains ($p < .001$ and beyond). Cultural Sensitivity was the domain rated most positive on average; this domain was statistically more positive than the other four domains ($p < .001$). Access, Appropriateness and Treatment Participation were the domains that did not differ significantly from each other.

As was the case last year, there was a high degree of consistency in the way consumers rated four of these five domains, Outcomes being a minor exception. Correlations between pairs of the first four domains fell between 0.50 and 0.66. Also consistent with last year's findings the correlation of Outcomes with the other four domains was somewhat lower (range: 0.32 – 0.44).

Additional analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the five administrations of the questionnaire. None were found ($p > .25$ for all analyses). That is, there is no evidence that, on average, scores on the MHSIP scales had changed from Year 2003 to the current administration of the survey.

Health-related Quality of Life

For the adult sample only four items were added to the adult consumer questionnaire to assess health-related quality of life (HRQOL). The HRQOL measure was developed by the Center for Disease Control (CDC) and is used in the annual population telephone survey in the state (the Behavioral Risk Factor Surveillance System <http://www.cdc.gov/hrqol>). Respondents are asked to 1) rate their general health on a 5-point scale from 1 = 'excellent' to 5 = 'poor', 2) rate the number of days in the last month that their physical health was not good, 3) make the same rating for mental health, and 4) rate the number of days in the last month that poor physical or mental health kept the respondent from doing their usual activities.

There has been a statistically significant difference in the average number of unhealthy days over the years (both mentally and physically unhealthy days). There was an increase in both from 2003 to 2004 and then again to 2005 followed by a small reduction in 2006 that was not statistically significant. This year there has been another increase in the number of unhealthy days. On average respondents reported over 9 physically unhealthy days, the second highest total to date. They also reported almost 13 mentally unhealthy days, the highest total yet. The statistical procedure that looked at whether there has been a significant linear increase in both these measures since 2003 found strong evidence for this negative trend ($p < .001$ in both cases).

The really interesting analysis is the comparison with the CDC BRFSS Survey. Consumers show more than three times the mentally unhealthy days and four times the physically unhealthy days as the general population. This is significant notwithstanding the differences in survey methods. The significance is twofold: 1) findings demonstrate the poorer health of consumers compared with the general population indicating appropriateness of treatment, and 2) findings point towards health issues among consumers, including chronic health conditions and health risk behaviors. The way findings point toward health issues among consumers is based on extensive BRFSS literature associating increased mentally unhealthy days with chronic health conditions such as diabetes and obesity and health risk behaviors such as binge drinking, smoking, and lack of health plans.

Year	Consumer Survey			CDC BRFSS Survey		
	Respondents	Unhealthy Days		Respondents	Unhealthy Days	
		Physical	Mental		Physical	Mental
2003	327	6.84	9.76	5,119	2.9	2.5
2004	345	8.47	11.92	6,126	2.8	2.7
2005	244	9.44	11.62	6,908	3.0	2.6
2006	327	8.78	10.81	6,429	2.9	2.4
2007	277	9.13	12.95	Not yet available		

Correlations were carried out between the HRQOL and the MHSIP domains to assess the relationship between these two sets of ratings. The highest correlations of unhealthy days were found with the outcome domain ($r = 0.31$ and $r = 0.43$ for unhealthy physical and mental days respectively this year, $p < .001$ for both). Thus the domain of Outcomes is clearly related to these physical and mental health ratings. This continues to provide substantial evidence for the validity of the ratings made by consumers in the MHSIP Outcomes domain. A similar relationship was found when data over all years since 2003 was used.

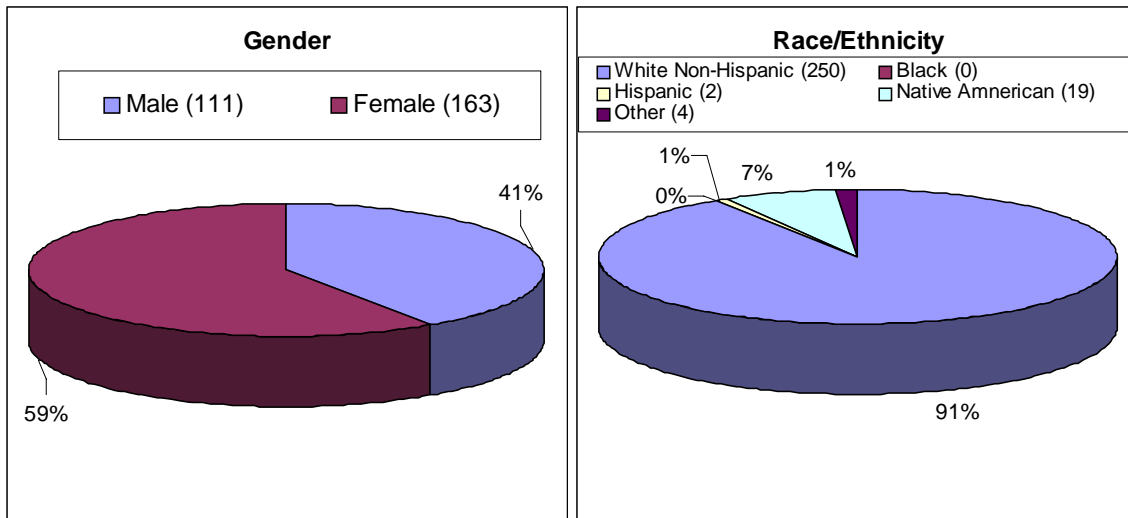
Over all years of the survey respondents no longer receiving services reported **fewer** unhealthy days than those still receiving services. This analysis can't be done for a single year because there aren't enough respondents in a single year that are no longer receiving services. The difference between these two groups was statistically significant for physically unhealthy days (means of 5.7 vs. 8.7, $p < .01$). The difference was marginally statistically significant at best for mental health days (means of 9.7 vs. 11.5, $p < .11$). This provides evidence that clients no longer receiving services are distinguishable from those continuing to receive services.

Description of Respondents for Each of the Three Samples

Adult Consumers: Below is a table that presents the breakdown of gender with race/ethnicity. The following two charts then present the percentage breakdown. For gender and ethnicity the percentages in the two charts are similar to those from last year.

Year 2007 - Count of Individuals Completing 2 or more MHSIP Domains by Gender and Race/Ethnicity					
Race/Ethnicity	Male	Female	Un- known	Total	<i>Percent of known</i>
White Non-Hispanic	100	148	2	250	99%
Black	0	0	0	0	n.a.
Hispanic Origin	1	1	0	2	100%
Native American	7	12	0	19	100%
Other	2	1	1	4	75%
Unknown	1	1	0	2	100%
Total	111	163	3	277	99%

Year 2007: Gender and Race/Ethnicity of Respondents



Youth: Below is a table that presents the breakdown of gender with race/ethnicity for the Youth sample. As the table shows, somewhat more females (63%) compared to males (37%) were represented in the surveys; compared to the last few years this represents a reasonably steady decrease in the percentage of male respondents.

All but 3 respondents provided birthdates; all reported that their age was 12 or higher. With respect to race/ethnicity most were White, Non-Hispanic (63%), leaving 37% minority youth respondents. The percentage of White, Non-Hispanics was somewhat higher than the percentages in the preceding surveys, representing a reversal from the previous year.

Youth: Count of Individuals Completing Items for Two or More MHSIP Domains for FY 2007

Race/Ethnicity - Gender	Male	Female	Unknown	Total
White Non-Hispanic	27	40	0	67
Non-white	11	26	0	37
Unknown	2	1	0	3
Total	40	67	0	107

For this year's survey 72 of the 107 youths (67%) reported that they had lived with a parent in the past 6 months. Eight (7%) youths reported they had lived with relatives, 8 (7%) reported they had lived in a Foster Home in the past 6 months, 11 (10%) had lived in a Group Home and 10 (9%) had lived in a state correctional facility. Eighteen (17%) of youths reported they had been involved with the police this year, while slightly more (23 or 18%) reported they had been involved the previous year. Fifty-three of the 107 youth (50%, a decrease of 7% from last year) reported that they were on medications for behavioral health problems. Twenty-two youth (21%, a 10% decrease from last year) indicated they were no longer receiving services from the Center; last year there was a substantial increase in this percentage from the year before, however. Finally a bit over half of the youth who responded indicated that their parents were receiving services, a sizable decrease from last year's percentage.

A presents a more complete set of the results from the demographic and related questions on the Youth survey.

Family of Children and Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table below shows, more male children and youth (59%) were represented in the surveys than female children and youth (41%), about the same as last year. All but three respondents provided birthdates for their child or youth. Ages ranged from between one through eighteen years of age. All but six respondents included information on race/ethnicity; the majority were White, Non-Hispanic (70%), while 30% were minority. This represents a slight percentage decrease in white non-Hispanic respondents compared to last year.

Family of Children and Youth: FY 2007 Count of Child/Youth Consumers Completing Items for Two or More MHSIP Domains

Child's Race/Ethnicity - Gender	Male	Female	Unknown	Total
White Non-Hispanic	69	51	1	121
Non-white	31	21	1	53
Unknown	4	1	1	6
Total	104	73	3	180

For this year's survey of parents or guardians (including foster care parents) 116 of these children or youths (64%) had lived with a parent in the past 6 months. Sixteen (9%) had lived with a family member in the past six months, 11 (6%) of these children and youths had lived in a Foster Home in the past 6 months, 7 (4%) had lived in a Group Home and 16 (9%) had lived in a residential treatment center.

Twenty-one (12%) of these children and youths had been arrested, while the same number had been arrested the previous year. Nine of these 21 children had been arrested both years.

Ninety-one (51%) were on medications for behavioral health problems. Twenty-one (12%) indicated they were no longer receiving services from the Center. One hundred forty-five (84%) of those who answered responded positively with regard to whether parents were receiving services.

Please see Appendix B for charts showing responses to each demographic question on the survey.

For the third year, the survey asked respondents to indicate whether they were a parent, relative, guardian, staff person, or 'other'. The results for this year are presented for each category, followed by last year's findings. Being a parent was the modal category (n = 133, 74% vs. n = 153, 70%). Other categories included being a relative (n = 6, 3% vs. n = 9, 4%), being a guardian (n = 20, 11% vs. n = 36, 17%), being a staff person (n = 8, 4% vs. n = 5, 2%), or other (n = 13, 7% vs. n = 15, 7%). Others were primarily foster parents. Note that the percentages for all three years are quite similar.

For purposes of statistical analysis the responses of parents were compared to the responses of all other groups. As was the case the first year, parents compared to all other groups reported less satisfaction in the domain of Outcomes (means 2.4 vs. 2.1 for this year, 2.4 vs. 2.2 for all

3 years combined, $p < .05$ in both cases). No statistically significant differences were found for the other MHSIP domains or for the MHSIP Overall.

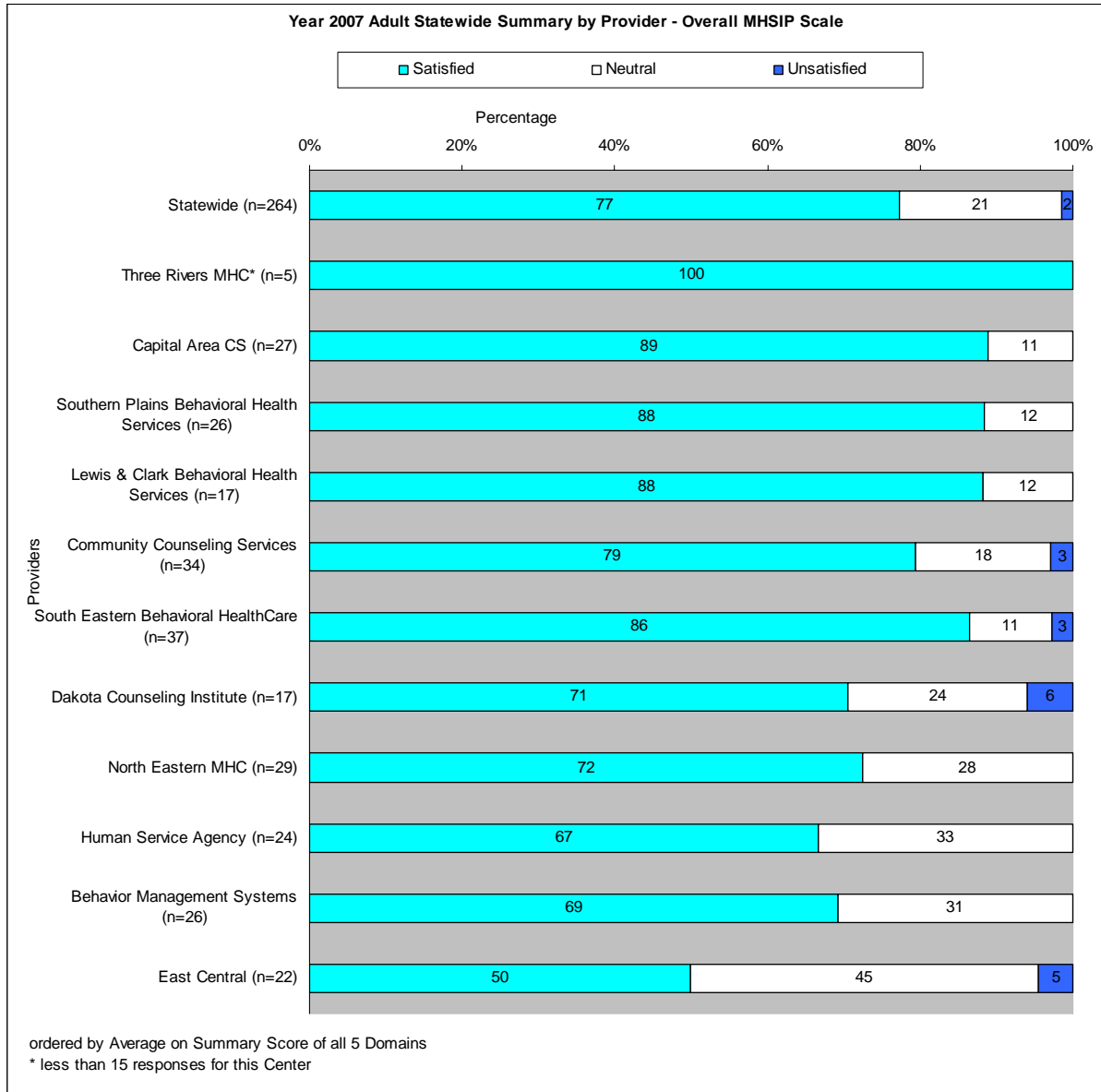
Findings by CMHC

In each of the following three sections, the graphs show the percentage of consumers satisfied Overall and by MHSIP domain for each provider. Small differences in percentages between Centers are not meaningful. Many things may account for the differences among the Centers, even when statistically significant differences are found. These include differences in the nature of the Centers themselves, differences in the services they offer, and/or differences in the characteristics of their consumers.

Note that for each survey the CMHCs are arranged by their score on the entire set of MHSIP items (MHSIP Overall). It is to be expected that the CMHC(s) with the highest score(s) will not necessarily have the highest percentage of consumers who are satisfied. As mentioned in the Introduction, categorizing consumers as to whether they are Satisfied, Neutral, or Unsatisfied is a less sensitive measure than the actual score because it converts a scale that can vary between 1.0 and 5.0 into a measure that has only three categories.

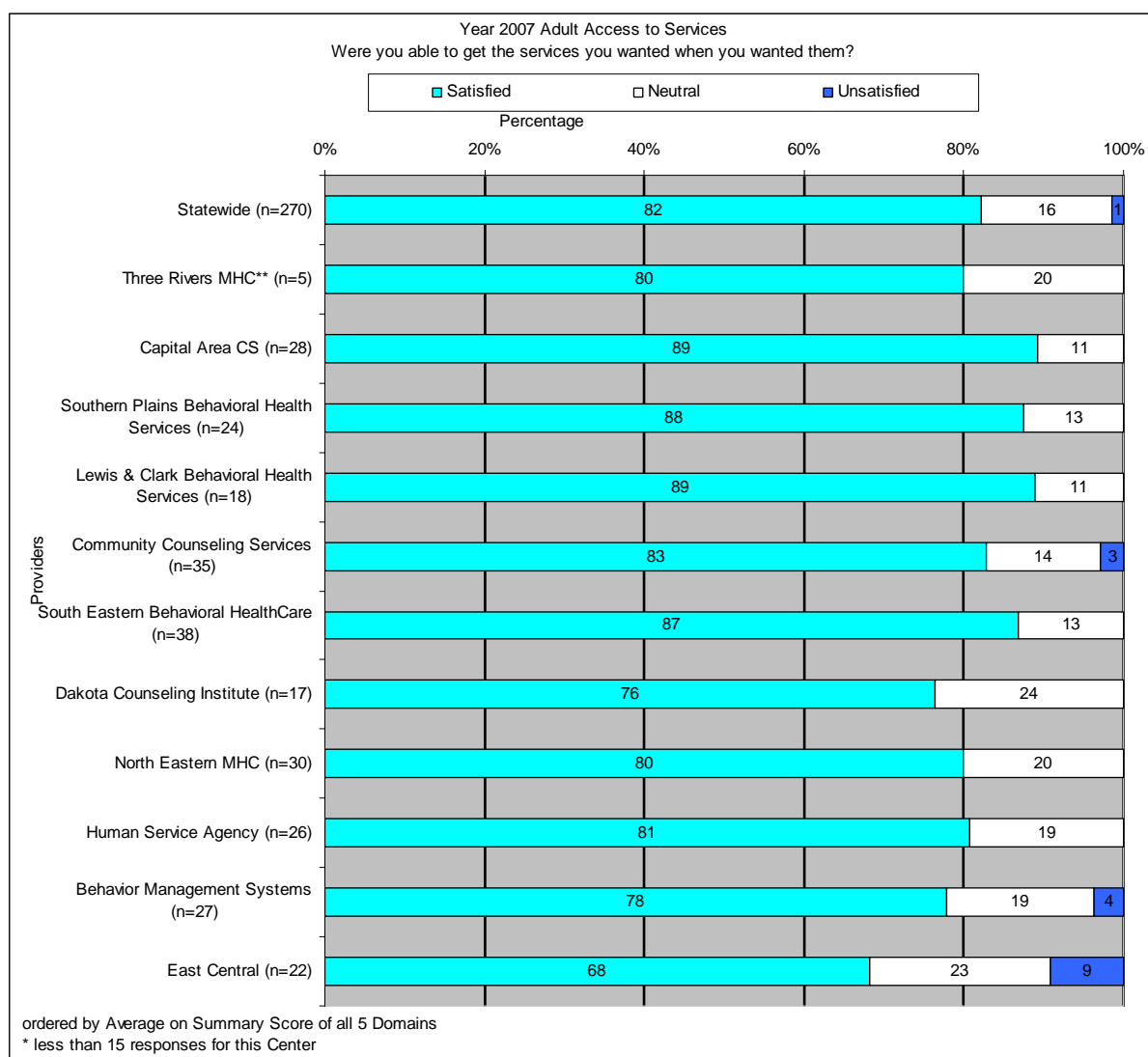
Adult Consumers: As already reported, for adult consumers seventy-seven percent of consumers Statewide evaluated services positively Statewide (were ‘Satisfied’). This is within several points of the percentages for the last two years. The tables and accompanying statistics for MHSIP Overall and the five domains are on the following pages.

Note in the tables below in this section that one provider, Three Rivers HMC, had a very small number of respondents who satisfactorily completed the survey this year. While on average this provider had the highest overall average on the MHSIP scale, these results are not considered reliable because of the small number of respondents. While their results will be presented, they will not be referred to when summarizing the results in each table. All other providers had more than 15 respondents, a number we consider to be adequate for the comparisons made.



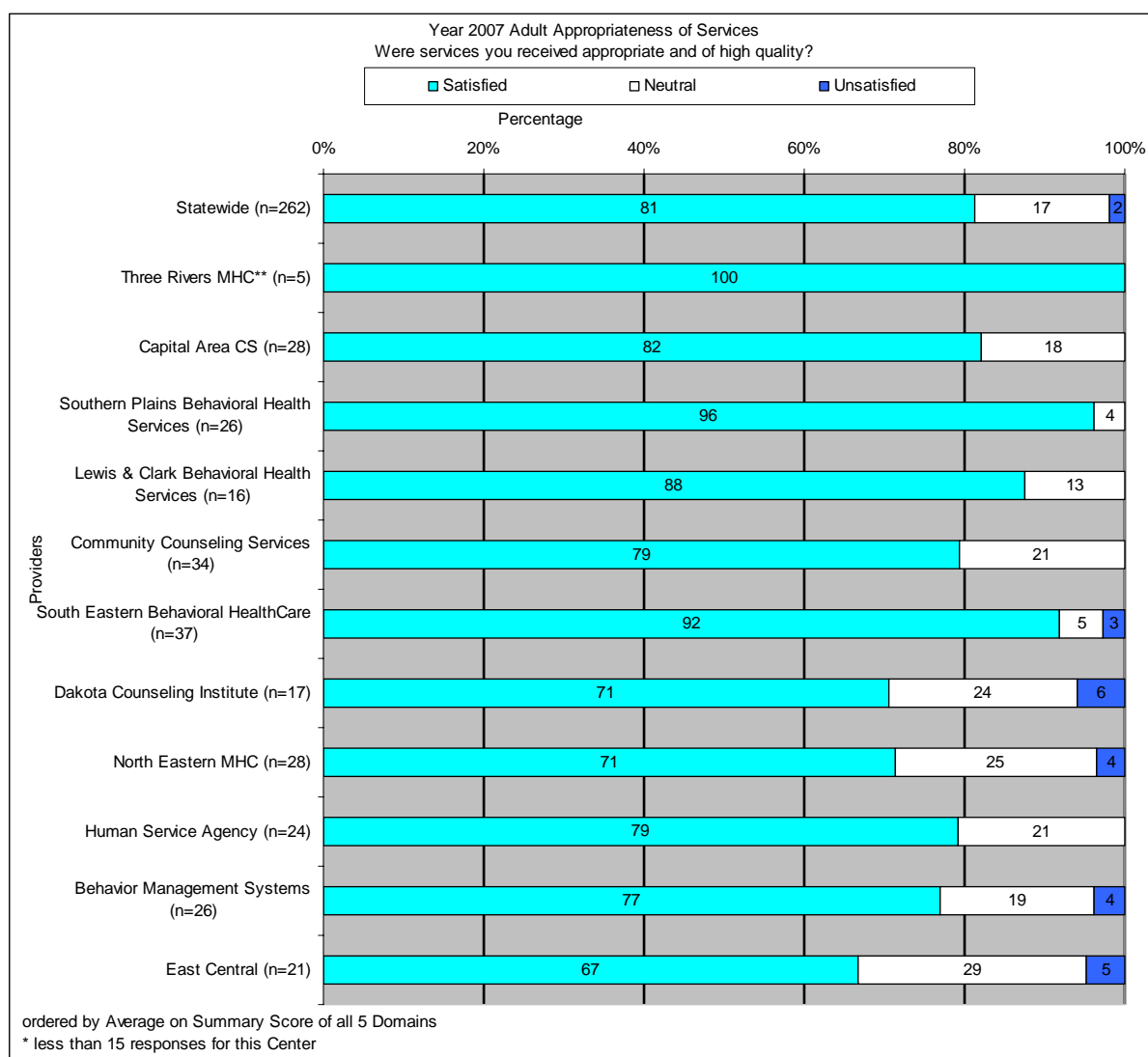
Excluding Three Rivers MHC the percentage of consumers who reported themselves “Satisfied” by each CMHC varied between a high of 89% to a low of 50%. No Centers had 10% or more of its consumers ‘dissatisfied’, an excellent outcome. The table below shows for each CMHC the means and number of respondents for the overall MHSIP summary score.

Three Rivers MHC	1.82 (5)	Dakota Counseling Institute	2.06 (17)
Capital Area CS	1.82 (27)	North Eastern MHC	2.16 (29)
Southern Plains Behavioral Health Srvcs	1.92 (26)	Human Service Agency	2.18 (24)
Lewis & Clark Behavioral Health Srvcs	1.93 (17)	Behavior Management Systems	2.22 (26)
Community Counseling Services	1.95 (34)	East Central	2.45 (22)
South Eastern Behavioral HealthCare	1.95 (37)	Statewide Average	2.05 (264)



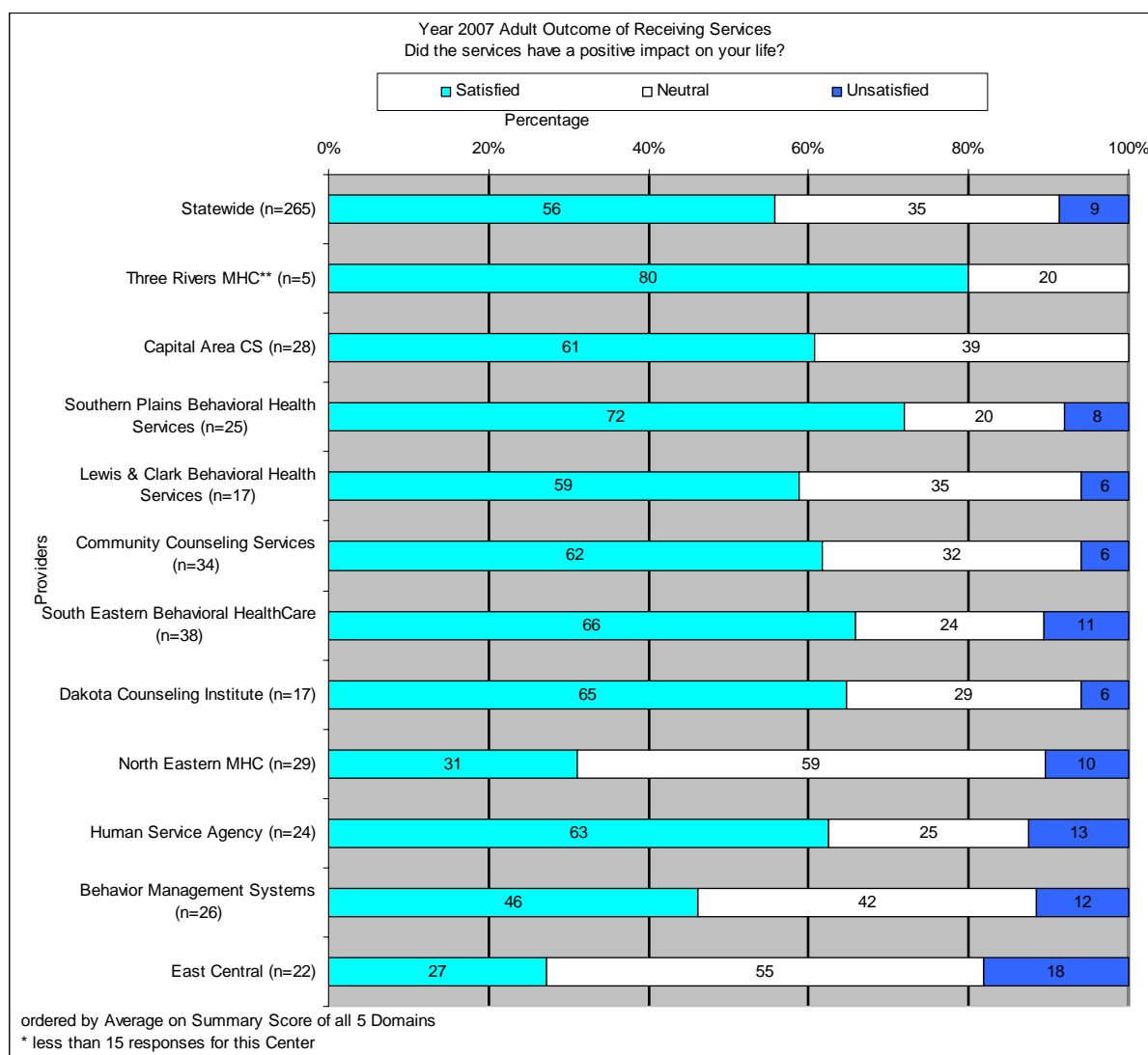
Statewide, 82% of consumers evaluated their access to services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Access). This is within a couple of percentage points of the Statewide percentage for the last two years. The percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 89% to a low of 68%. None of the providers had ‘unsatisfactory’ ratings from more than 10% of its consumers. This is an excellent outcome. The average domain score for each CMHC along with the number of consumers responding is presented below.

Three Rivers MHC	1.73 (5)	Dakota Counseling Institute	1.82 (17)
Capital Area CS	1.68 (28)	North Eastern MHC	1.83 (30)
Southern Plains Behavioral Health Srvcs	1.68 (24)	Human Service Agency	1.89 (26)
Lewis & Clark Behavioral Health Srvcs	1.68 (18)	Behavior Management Systems	2.03 (27)
Community Counseling Services	1.81 (35)	East Central	2.13 (22)
South Eastern Behavioral HealthCare	1.89 (38)	Statewide Average	1.84 (270)



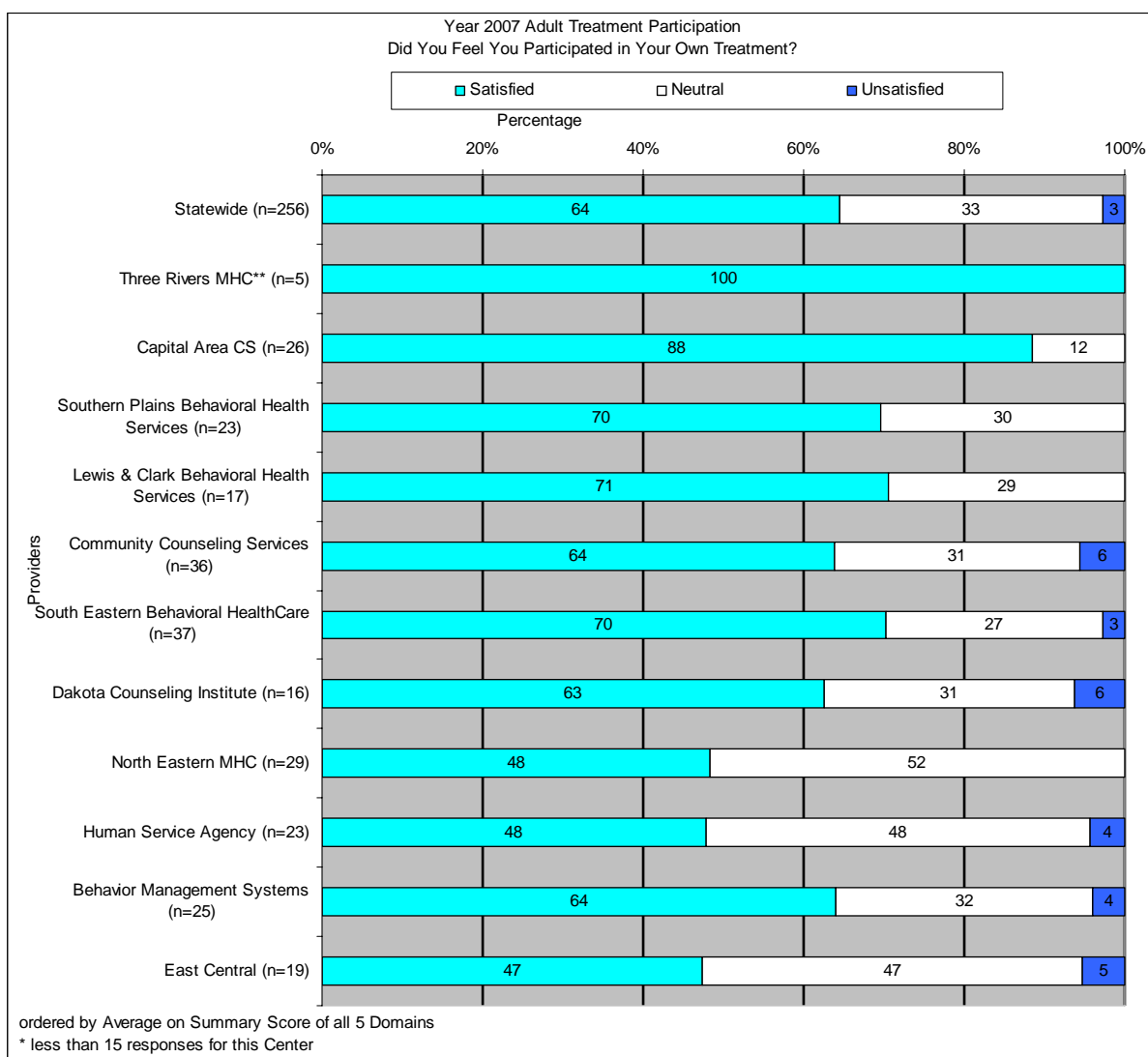
Statewide, 81% of consumers evaluated the quality/appropriateness of services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Appropriateness). This is several percentage points higher than the percentage for last year. Excluding Three Rivers MHC the percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 96% to a low of 67%. None of the providers had ‘unsatisfactory’ ratings from more than 10% of its consumers; this is an excellent outcome. The average domain score for each CMHC along with the number of consumers responding is presented below.

Three Rivers MHC	1.56 (5)	Dakota Counseling Institute	1.98 (17)
Capital Area CS	1.76 (28)	North Eastern MHC	2.03 (28)
Southern Plains Behavioral Health Srvcs	1.77 (26)	Human Service Agency	2.11 (24)
Lewis & Clark Behavioral Health Srvcs	1.91 (16)	Behavior Management Systems	2.14 (26)
Community Counseling Services	1.91 (34)	East Central	2.23 (21)
South Eastern Behavioral HealthCare	1.83 (37)	Statewide Average	1.95 (262)



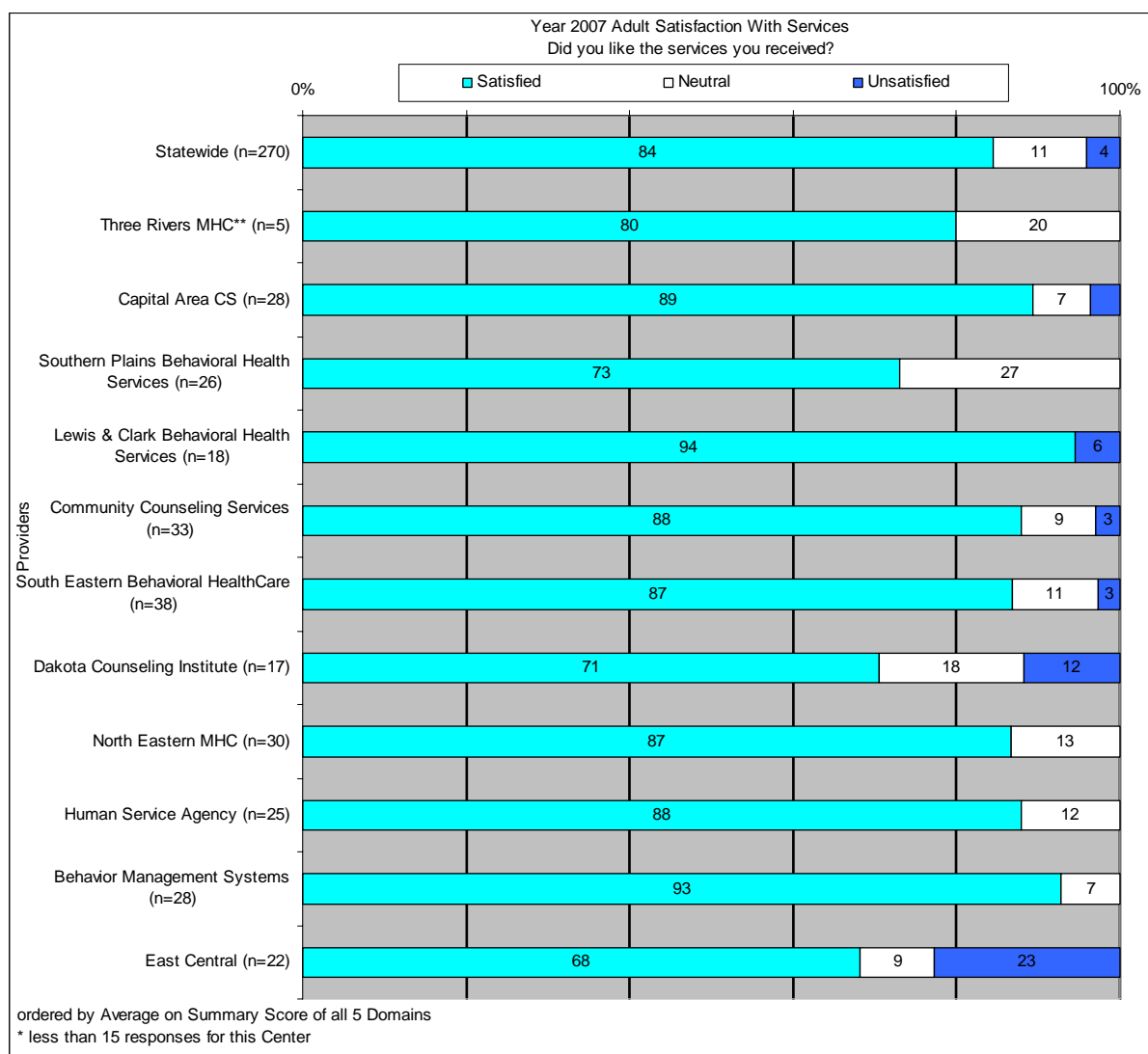
Statewide, 56% of consumers evaluated the outcomes of services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Outcomes). This is lower than the percentages for the last two years of 64% and 61% respectively. Excluding Three Rivers MHC the percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 72% to a low of 27%. Five CMHCs had ‘unsatisfactory’ ratings of 10% or more of their consumers with one provider, East Central, approaching 20%. The average domain score for each CMHC along with the number of consumers responding is presented below.

Three Rivers MHC	2.26 (5)	Dakota Counseling Institute	2.41 (17)
Capital Area CS	2.11 (28)	North Eastern MHC	2.63 (29)
Southern Plains Behavioral Health Svcs	2.22 (25)	Human Service Agency	2.48 (24)
Lewis & Clark Behavioral Health Svcs	2.27 (17)	Behavior Management Systems	2.58 (26)
Community Counseling Services	2.22 (34)	East Central	2.94 (22)
South Eastern Behavioral HealthCare	2.21 (38)	Statewide Average	2.39 (265)



Statewide, 64% of consumers evaluated their participation in treatment positively (strongly agreed or agreed with the positive survey statements assessing the domain of Treatment Participation). This is virtually identical with the percentage satisfied in the last two years. Excluding Three Rivers MHC the percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 88% to a low of 47%. None of the providers had ‘unsatisfactory’ ratings from more than 10% of its consumers; this is an excellent outcome. The average domain score for each CMHC along with the number of consumers responding is presented below.

Three Rivers MHC	1.60 (5)	Dakota Counseling Institute	2.13 (16)
Capital Area CS	1.71 (26)	North Eastern MHC	2.19 (29)
Southern Plains Behavioral Health Srvcs	1.85 (23)	Human Service Agency	2.43 (23)
Lewis & Clark Behavioral Health Srvcs	1.97 (17)	Behavior Management Systems	2.16 (25)
Community Counseling Services	1.94 (36)	East Central	2.58 (19)
South Eastern Behavioral HealthCare	1.86 (37)	Statewide Average	2.05 (256)



Statewide, 84% of consumers evaluated their satisfaction with services positively (strongly agreed or agreed with the positive survey statements assessing the domain of General Satisfaction). This is virtually the same percentage that were satisfied in the last two years. The percentage of consumers who reported themselves “Satisfied” on this domain varied between a high of 94% to a low of 68%. Two CMHCs had ‘unsatisfactory’ ratings from more than 10% of its consumers. Notably 23% of East Central consumers were dissatisfied. The average domain score for each CMHC along with the number of consumers responding is presented below.

Three Rivers MHC	1.80 (5)	Dakota Counseling Institute	1.90 (17)
Capital Area CS	1.61 (28)	North Eastern MHC	1.87 (30)
Southern Plains Behavioral Health Srvcs	1.85 (26)	Human Service Agency	1.84 (25)
Lewis & Clark Behavioral Health Srvcs	1.74 (18)	Behavior Management Systems	1.74 (28)
Community Counseling Services	1.70 (33)	East Central	2.41 (22)
South Eastern Behavioral HealthCare	1.62 (38)	Statewide Average	1.80 (270)

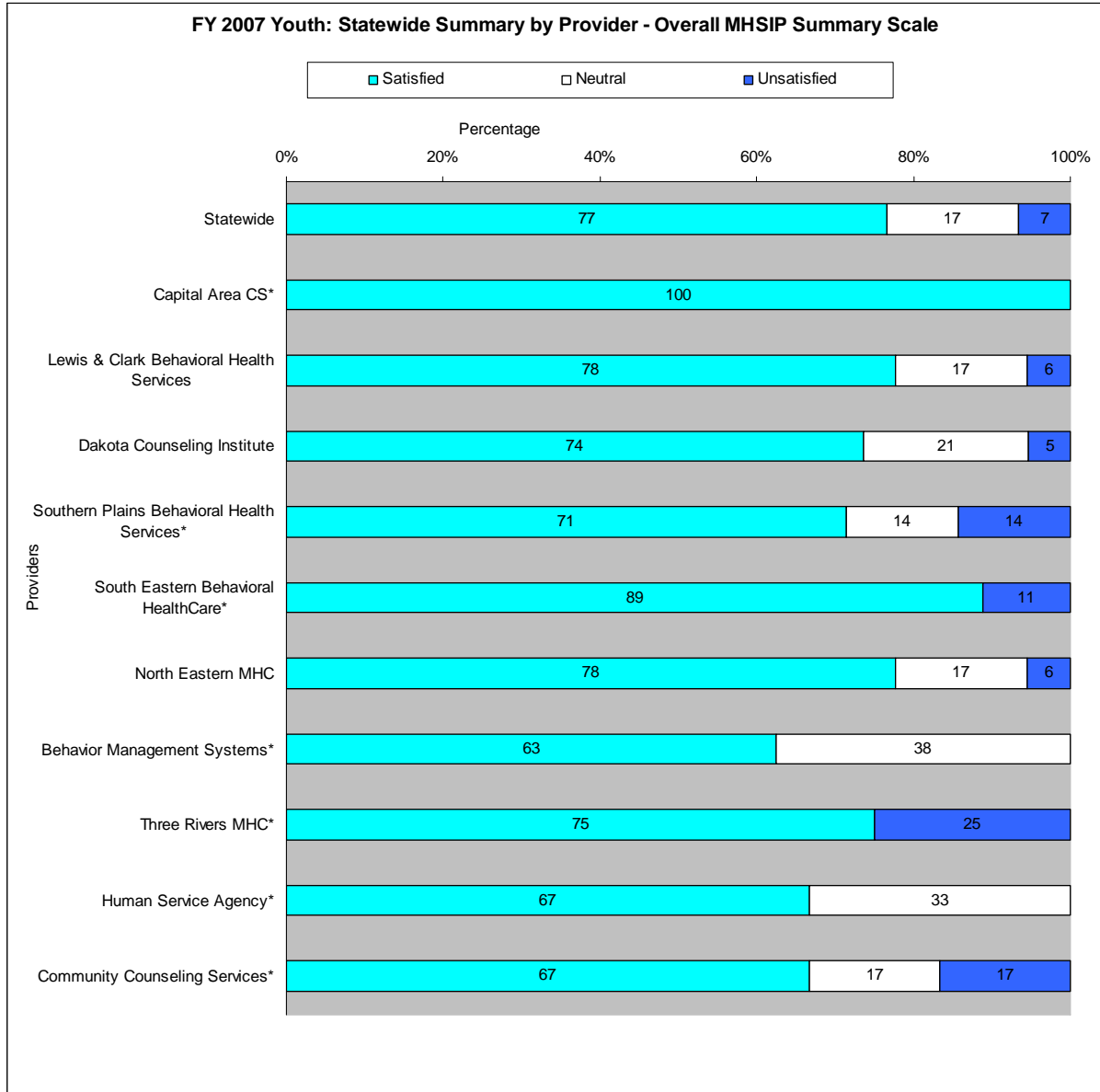
For this year's responses mean scores shown above for the MHSIP Overall and for several of the MHSIP domain scores reported do differ significantly among the ten CMHCs included in the analysis. There were statistically significant differences for consumers' evaluation for the domain of Outcomes and Treatment Participation and MHSIP overall ($p < .01$ in all cases). For results based on this year's data only, Capital Area CS was reliably more positive on these two domains and MHSIP Overall than East Central MH.

When the responses from all years are included there are highly significant differences for all MHIPS domains and for MHISP overall ($p < .001$ in all cases). Southern Plains Behavioral Health tends to be the top rated CMHC in most domains. Community Counseling Services was also rated highly and had reliably different scores from at least one other CMHC on two other providers on MHSIP Overall. Among all providers Behavioral Management Systems is the provider whose average score is most likely to be the least positive. Note: no adjustment has been made to take into consideration differences in client characteristics which may account for ratings.

Youth Consumers: The 128 youth who completed Year 2007 Youth surveys were served by 11 Centers. Six of the eleven Centers had fewer than 10 respondents. Eight of the eleven had fewer than 15 returns. Number of returns ranged from a high of nineteen (Dakota Counseling Institute and Lewis & Clark Behavioral Health Services) to a low of four (Three Rivers MHC).

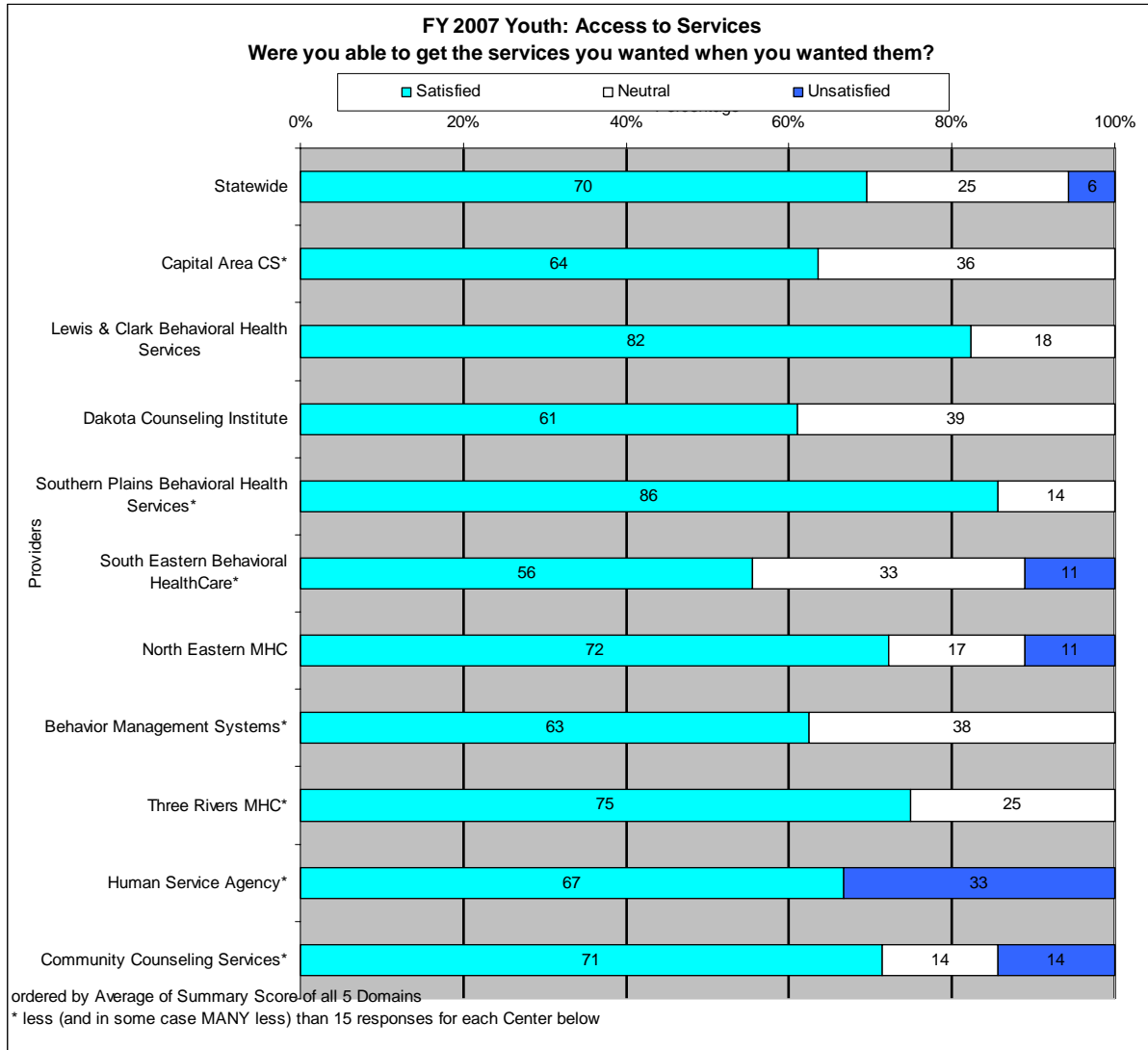
On the following pages are charts comparing Centers for the MSHIP Overall as well as each of the five MHSIP domains. Since so many of the providers have fewer than 15 Youth respondents, in some cases substantially fewer, the chart and accompanying table will be presented without any descriptive content. It should also be noted that East Central had only 5 clients who were mailed this questionnaire; one was non-deliverable and the other four did not respond.

Thus when looking at these charts and making comparisons among centers it is important to keep in mind that the results for most providers are based on a very small number of respondents.



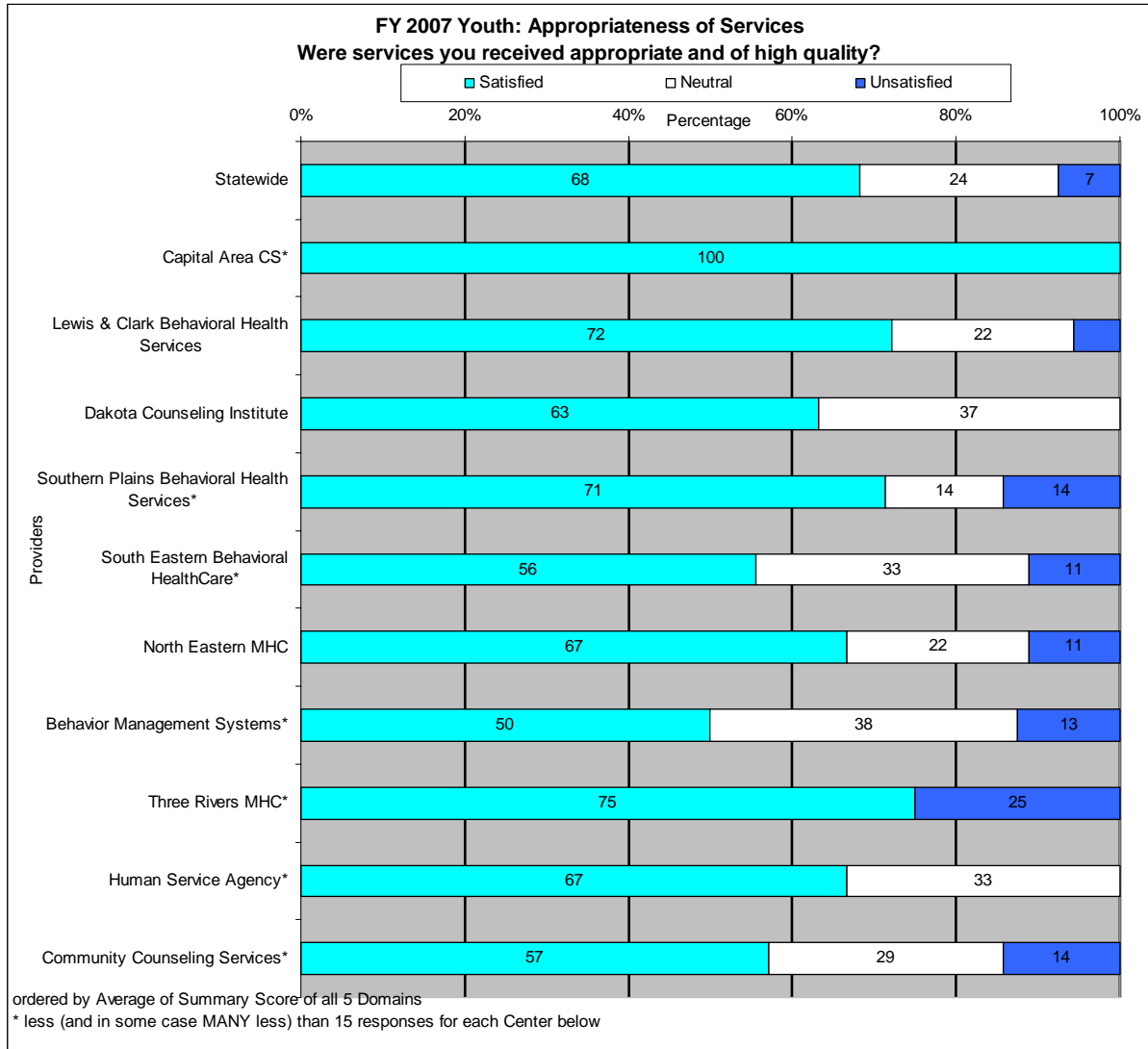
Youth: For the MHSIP overall 77% of the respondents reported that they were satisfied.

Capital Area CS	1.92 (11)	Behavior Management Systems	2.22 (8)
Lewis & Clark Behavioral Health Services	2.09 (19)	Three Rivers MHC	2.25 (4)
Dakota Counseling Institute	2.08 (19)	Human Services Agency	2.27 (6)
Southern Plains Behavioral Health Services	2.16 (7)	Community Counseling Services	2.43 (7)
South Eastern Behavioral Health Care	2.19 (9)	Statewide Average	2.15 (108)
North Eastern Mental Health Center	2.21 (18)	East Central Mental Health	n.a.



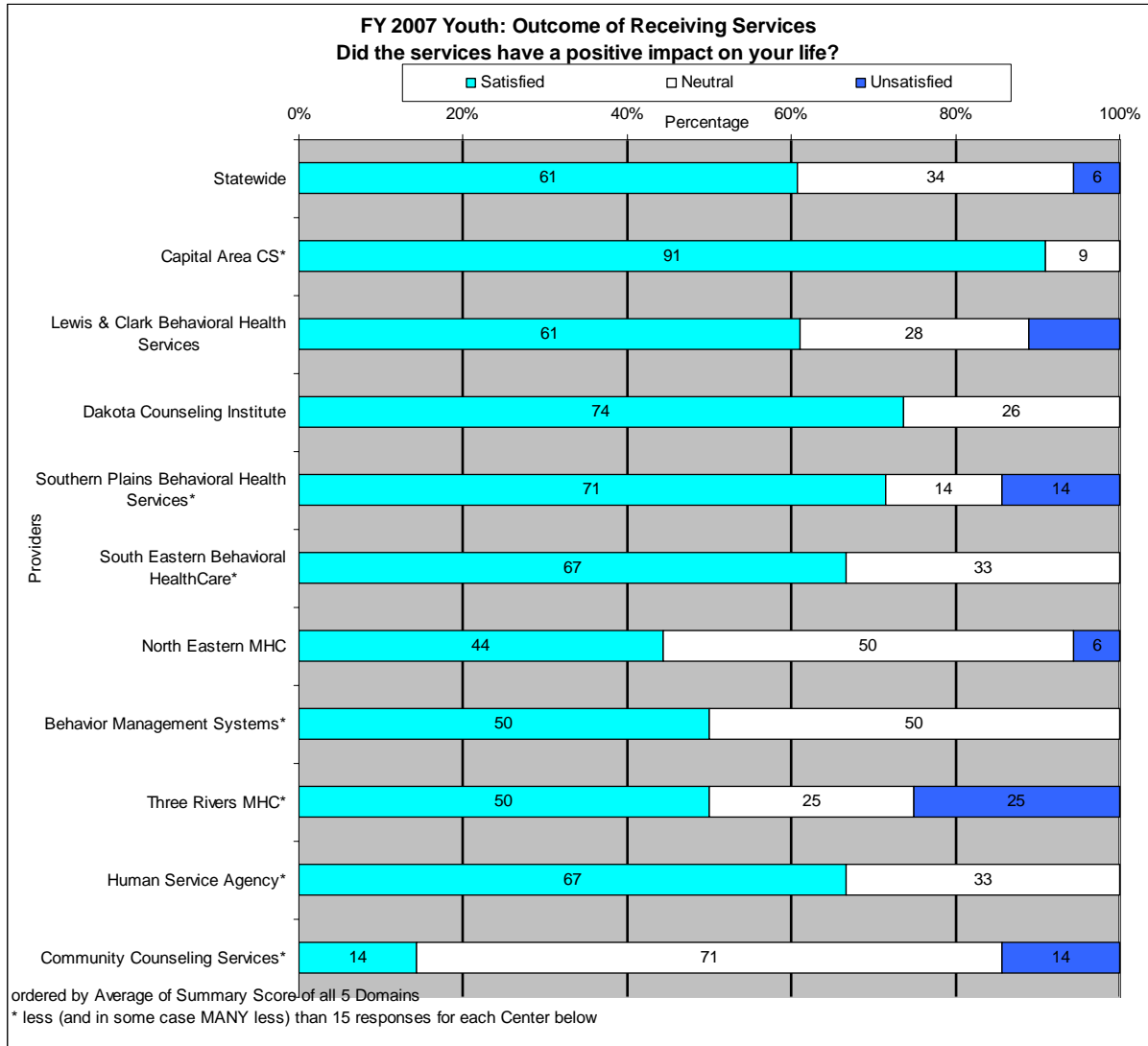
Youth: For the MHSIP domain of Access, statewide 70% of consumers reported they were satisfied.

Capital Area CS	2.00 (11)	Behavior Management Systems	2.19 (8)
Lewis & Clark Behavioral Health Services	1.92 (18)	Three Rivers MHC	2.13 (4)
Dakota Counseling Institute	2.11 (18)	Human Services Agency	2.50 (6)
Southern Plains Behavioral Health Services	1.86 (7)	Community Counseling Services	1.93 (7)
South Eastern Behavioral Health Care	2.17 (9)	Statewide Average	2.10 (106)
North Eastern Mental Health Center	2.28 (18)	East Central Mental Health	n.a.



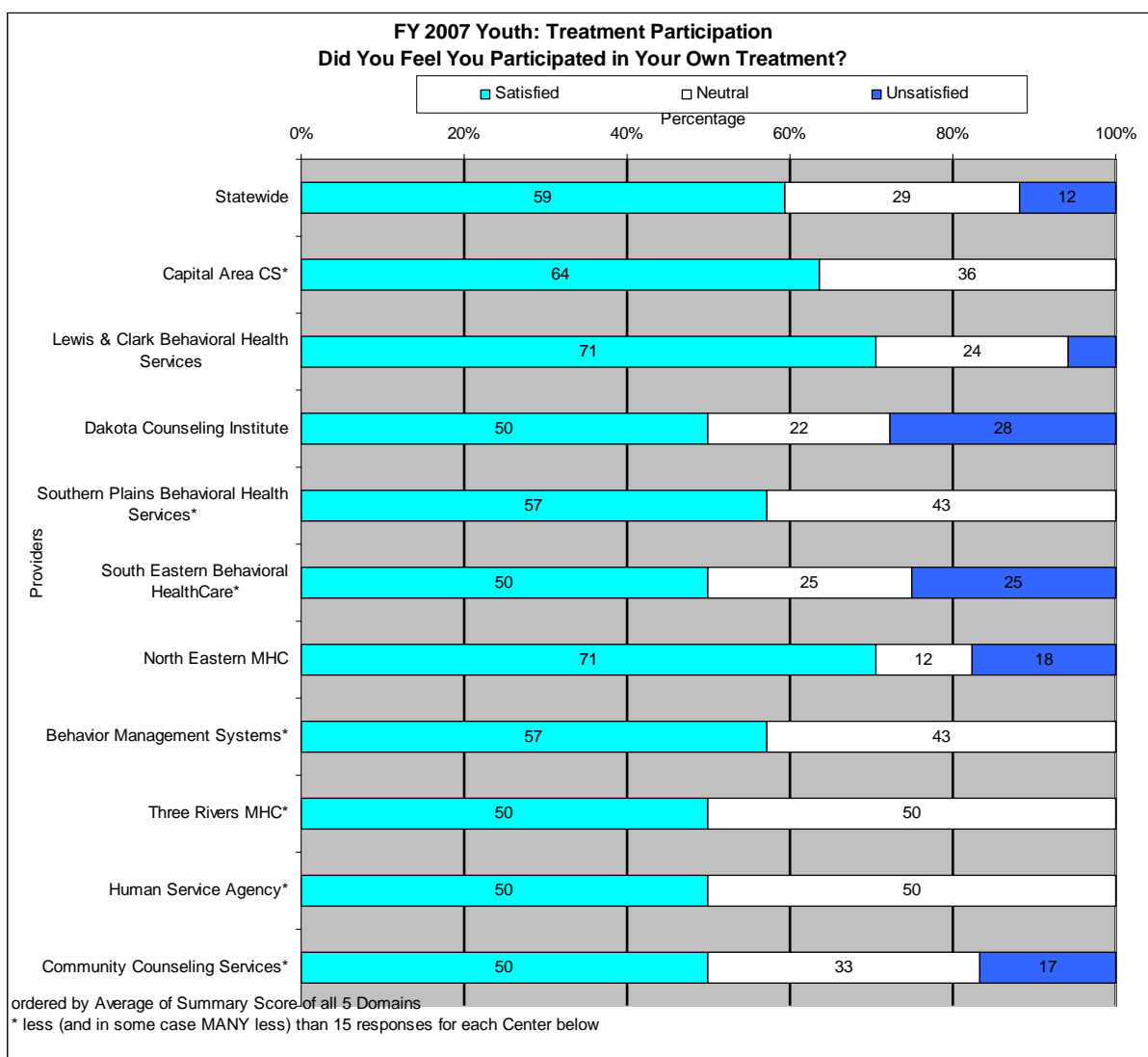
For the MHSIP domain of Appropriateness, statewide 68% of consumers reported they were satisfied.

Capital Area CS	1.80 (11)	Behavior Management Systems	2.36 (8)
Lewis & Clark Behavioral Health Services	2.06 (19)	Three Rivers MHC	2.04 (4)
Dakota Counseling Institute	1.99 (19)	Human Services Agency	2.19 (6)
Southern Plains Behavioral Health Services	2.31 (7)	Community Counseling Services	2.33 (7)
South Eastern Behavioral Health Care	2.22 (9)	Statewide Average	2.13 (108)
North Eastern Mental Health Center	2.26 (18)	East Central Mental Health	n.a.



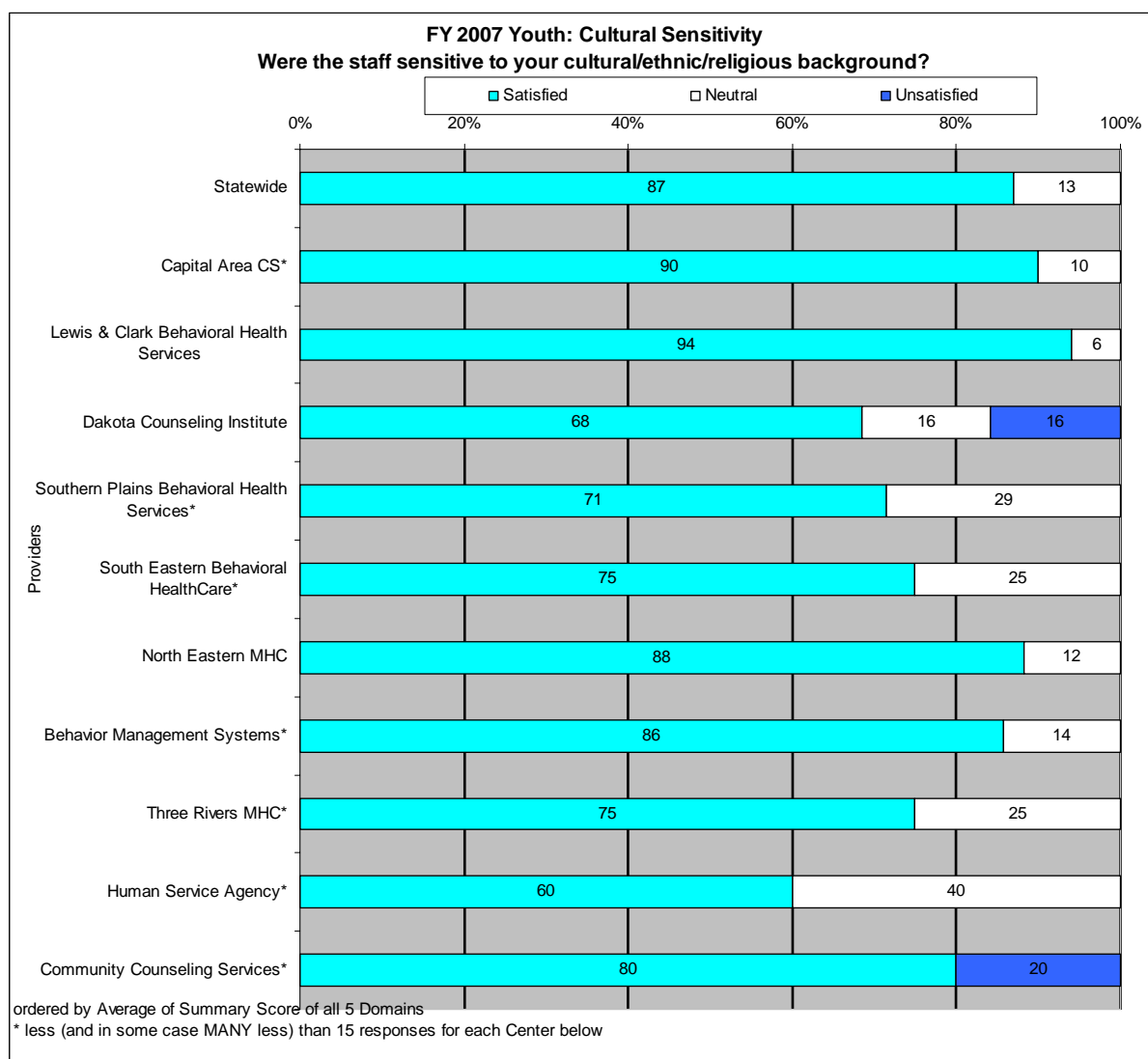
For the MHSIP domain of Outcomes, statewide 61% of consumers reported they were satisfied.

Capital Area CS	2.00 (11)	Behavior Management Systems	2.40 (8)
Lewis & Clark Behavioral Health Services	2.33 (19)	Three Rivers MHC	2.67 (4)
Dakota Counseling Institute	1.90 (19)	Human Services Agency	2.34 (6)
Southern Plains Behavioral Health Services	2.21 (7)	Community Counseling Services	2.98 (7)
South Eastern Behavioral Health Care	2.26 (9)	Statewide Average	2.28 (108)
North Eastern Mental Health Center	2.42 (18)	East Central Mental Health	n.a.



For the MHSIP domain of Treatment Participation, statewide 59% of consumers reported they were satisfied with services.

Capital Area CS	2.17 (11)	Behavior Management Systems	2.36 (7)
Lewis & Clark Behavioral Health Services	2.14 (18)	Three Rivers MHC	2.33 (4)
Dakota Counseling Institute	2.56 (18)	Human Services Agency	2.42 (6)
Southern Plains Behavioral Health Services	2.29 (7)	Community Counseling Services	2.56 (6)
South Eastern Behavioral Health Care	2.33 (8)	Statewide Average	2.34 (102)
North Eastern Mental Health Center	2.36 (17)	East Central Mental Health	n.a.



For the MHSIP domain of Cultural Sensitivity, statewide 87% of consumers reported they were satisfied.

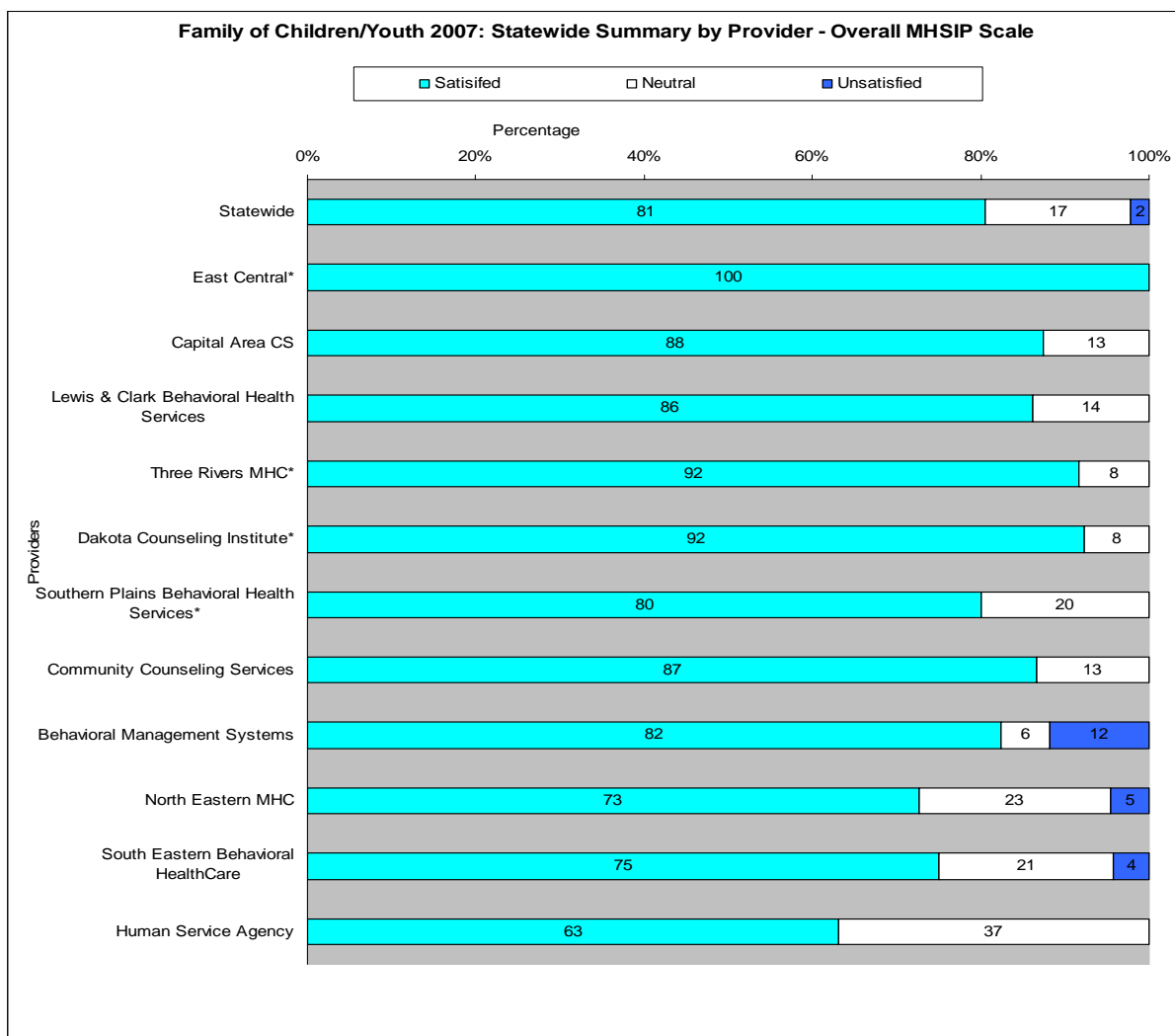
Capital Area CS	1.73 (10)	Behavior Management Systems	1.58 (7)
Lewis & Clark Behavioral Health Services	1.81 (18)	Three Rivers MHC	1.94 (4)
Dakota Counseling Institute	2.07 (19)	Human Services Agency	2.05 (5)
Southern Plains Behavioral Health Services	1.86 (7)	Community Counseling Services	1.70 (5)
South Eastern Behavioral Health Care	2.00 (8)	Statewide Average	1.84 (100)
North Eastern Mental Health Center	1.68 (17)	East Central Mental Health	n.a.

The responses from Youth consumers for this year will not be statistically analyzed. There are too few respondents for such analyses to be meaningful. Given the small number of responses it is especially important not to read too much into any of the comparisons in the charts above.

Combining responses from all years of the Youth survey significant differences were found among providers for the domains of Treatment Participation ($p < .05$) and Cultural Sensitivity ($p < .01$). Post hoc tests did not reveal any reliably consistent patterns among providers, however.

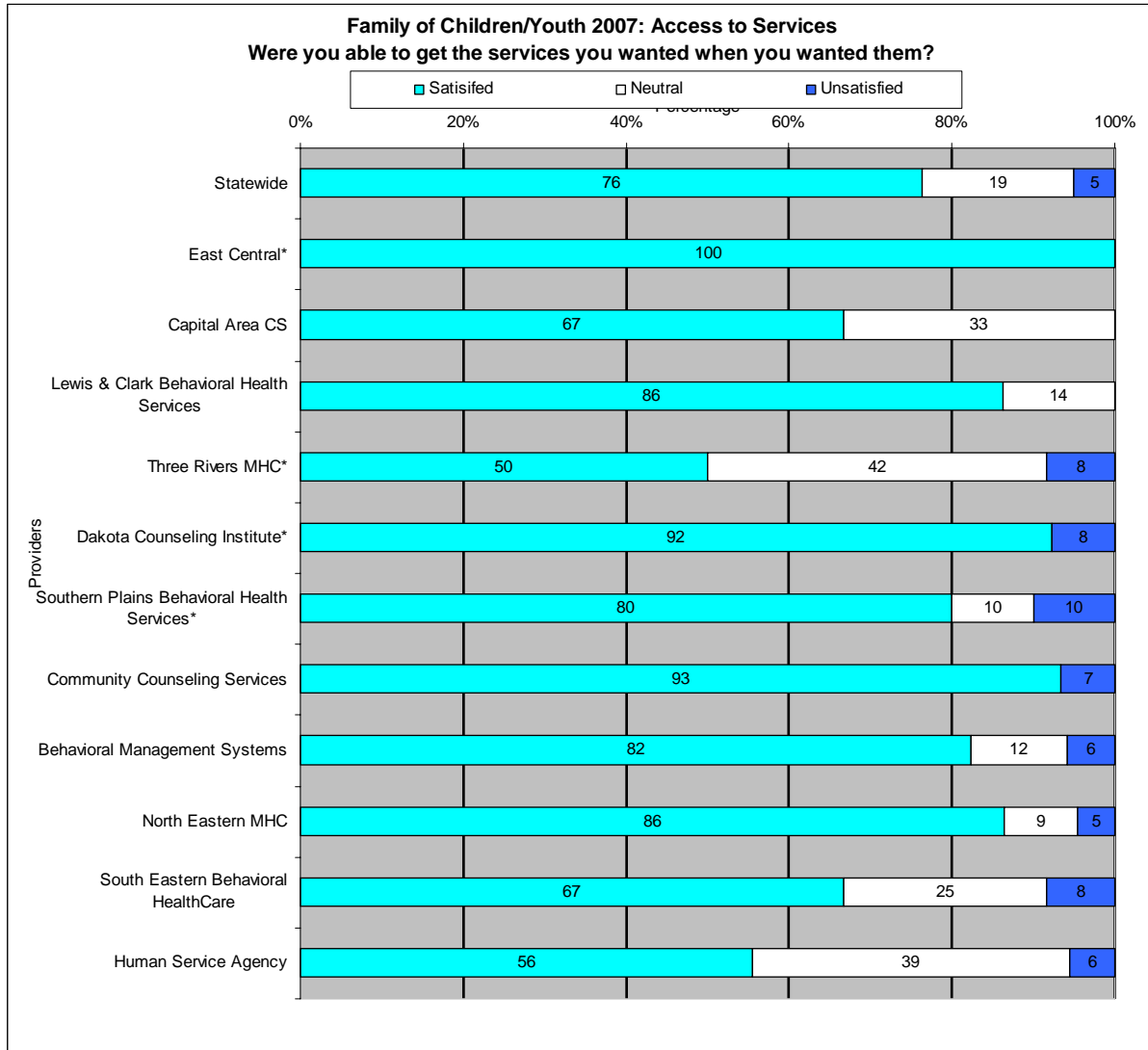
Family/Caretakers of Children and Youth:

The 180 parents and guardians who completed Year 2007 Family of Children and Youth surveys were served by the same 11 Centers. Only one of the eleven Centers, East Central Mental Health, had fewer than fifteen respondents. Number of returns ranged from a high of twenty-nine (Lewis and Clark Behavioral Health Services) to a low of one (East Central Mental Health). Since East Central had so few respondents they were omitted in the description of the results in the following charts and tables.



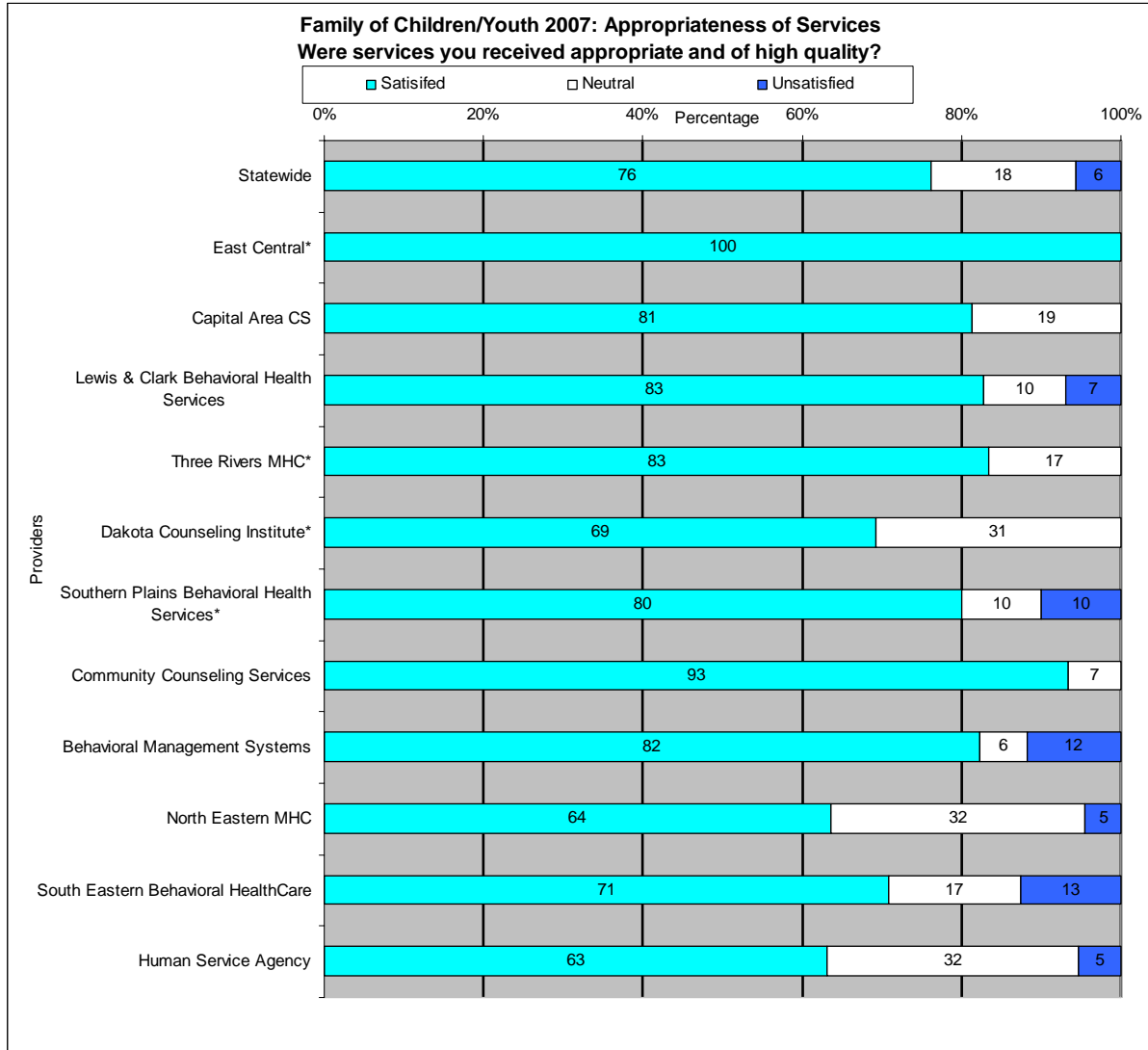
Family of Children and Youth: For the MHSIP Overall, statewide 81% of parents/guardians of children/youth consumers reported they were satisfied. This is just a few percentage points lower than last year. Excluding East Central the Center satisfaction rates ranged from a high of 92% to a low of 63%. Only one provider, Behavioral Management Systems, had 10% or more of their respondents 'unsatisfied'.

East Central	1.18 (1)	Community Counseling Services	1.98 (15)
Capital Area CS	1.81 (16)	Behavior Management Systems	2.04 (17)
Lewis & Clark Behavioral Health Services	1.90 (29)	North Eastern Mental Health Center	2.10 (22)
Three Rivers MHC	1.90 (12)	South Eastern Behavioral HealthCare	2.12 (24)
Dakota Counseling Institute	1.95 (13)	Human Services Agency	2.21 (19)
Southern Plains Behavioral Health Services	1.96 (10)	Statewide Average	2.00 (180)



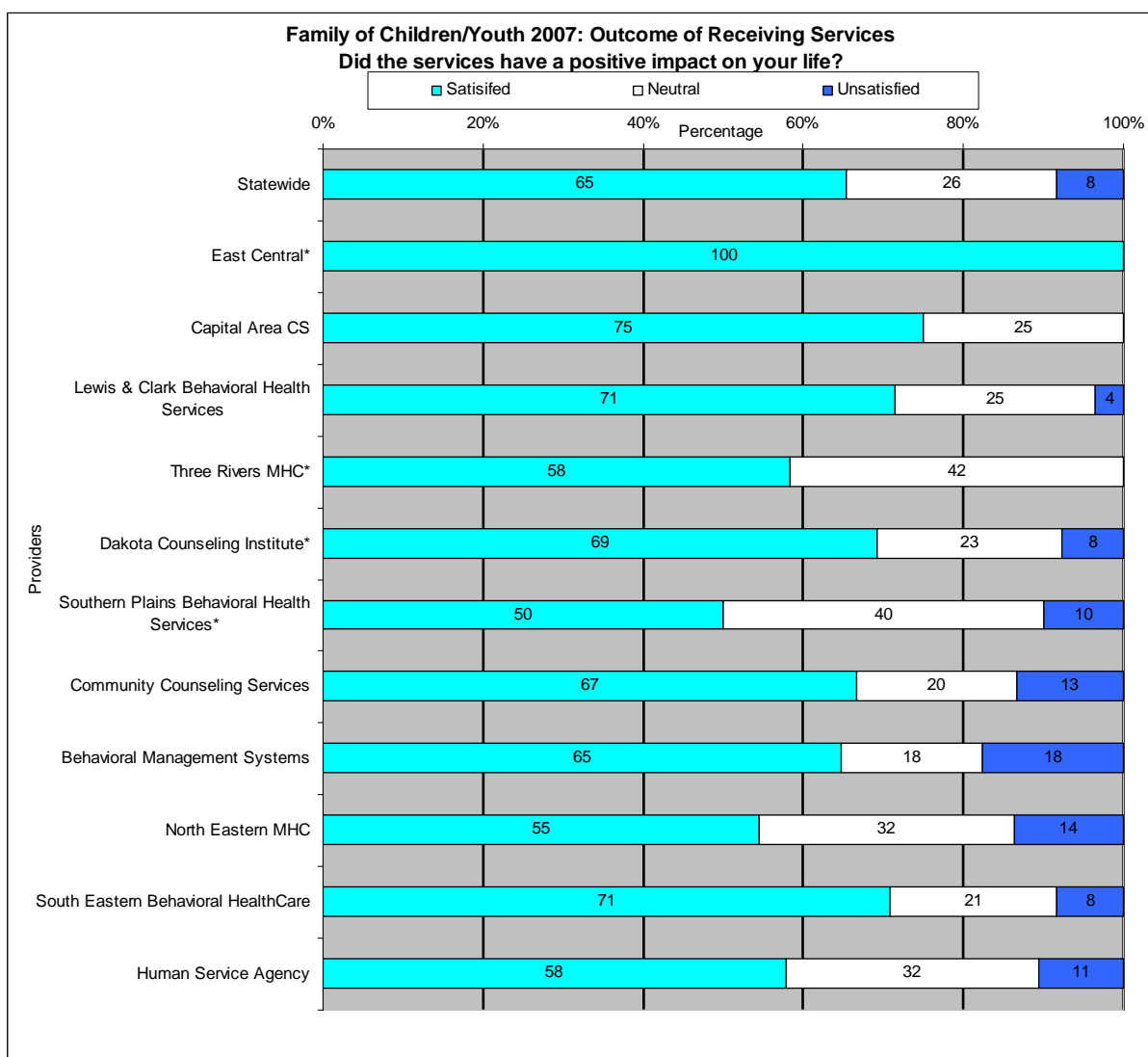
For the MHSIP domain of Access, statewide 76% of “family” members of consumers reported they were satisfied, about a 4% drop from last year. Excluding East Central the Center satisfaction rates ranged from 86% to 50%. Only one of the Centers had 10% of their respondents unsatisfied (see chart above).

East Central	2.00 (1)	Community Counseling Services	1.77 (15)
Capital Area CS	1.90 (15)	Behavior Management Systems	1.91 (17)
Lewis & Clark Behavioral Health Services	1.66 (29)	North Eastern Mental Health Center	1.82 (22)
Three Rivers MHC	2.17 (12)	South Eastern Behavioral HealthCare	2.23 (24)
Dakota Counseling Institute	1.77 (13)	Human Services Agency	2.22 (18)
Southern Plains Behavioral Health Services	1.85 (10)	Statewide Average	1.92 (178)



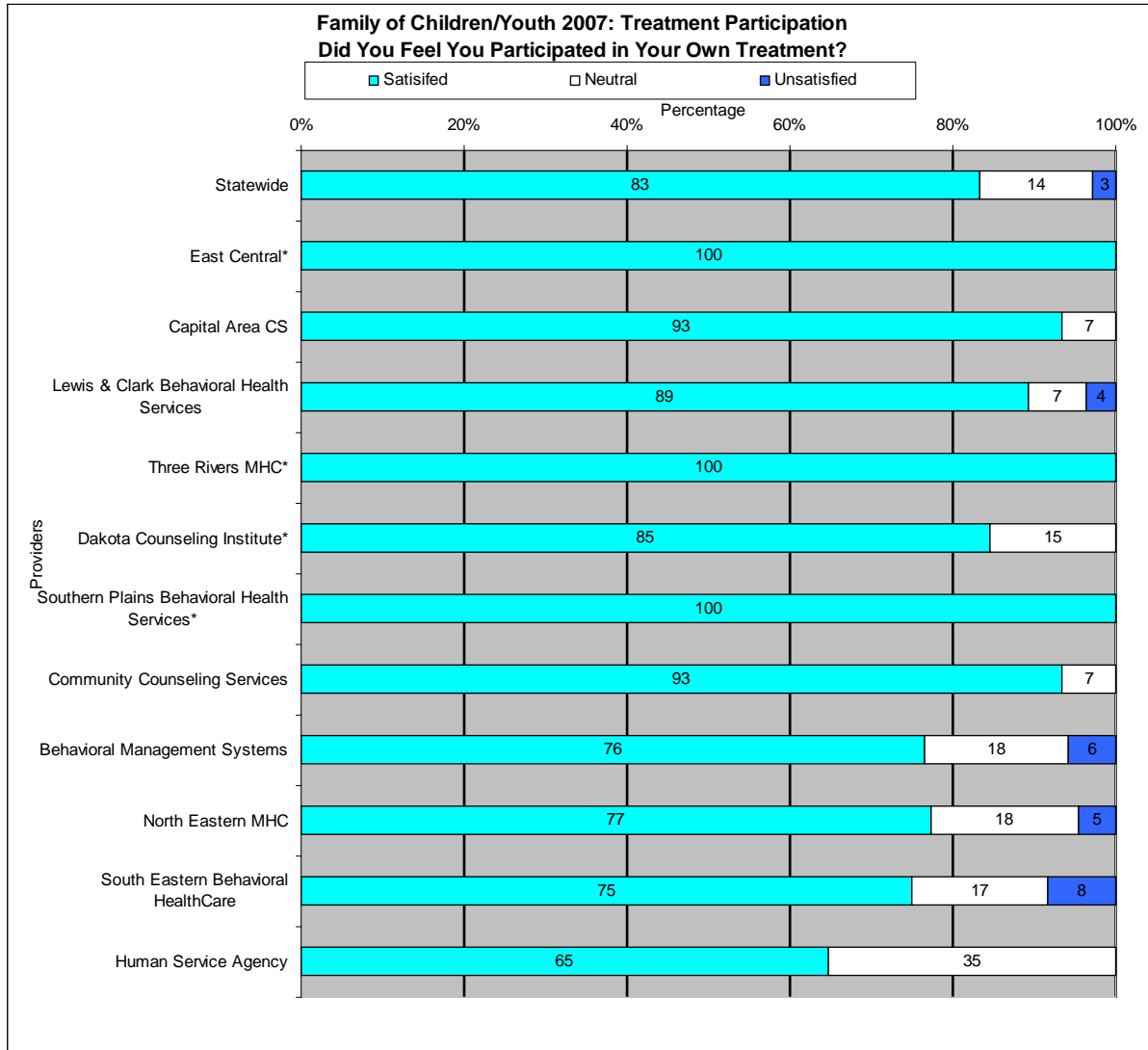
For the MHSIP domain of Appropriateness, statewide 76% of “family” members of consumers reported they were satisfied a slightly lower rate than last year. Excluding East Central the Center satisfaction rates ranged from 93% to 63%. More than 10% of the respondents from three Centers were ‘unsatisfied’ (see chart above)

East Central	1.00 (1)	Community Counseling Services	1.92 (15)
Capital Area CS	1.79 (16)	Behavior Management Systems	1.92 (17)
Lewis & Clark Behavioral Health Services	1.94 (29)	North Eastern Mental Health Center	2.06 (22)
Three Rivers MHC	1.74 (12)	South Eastern Behavioral HealthCare	2.10 (24)
Dakota Counseling Institute	2.12 (13)	Human Services Agency	2.22 (19)
Southern Plains Behavioral Health Services	1.89 (10)	Statewide Average	1.99 (180)



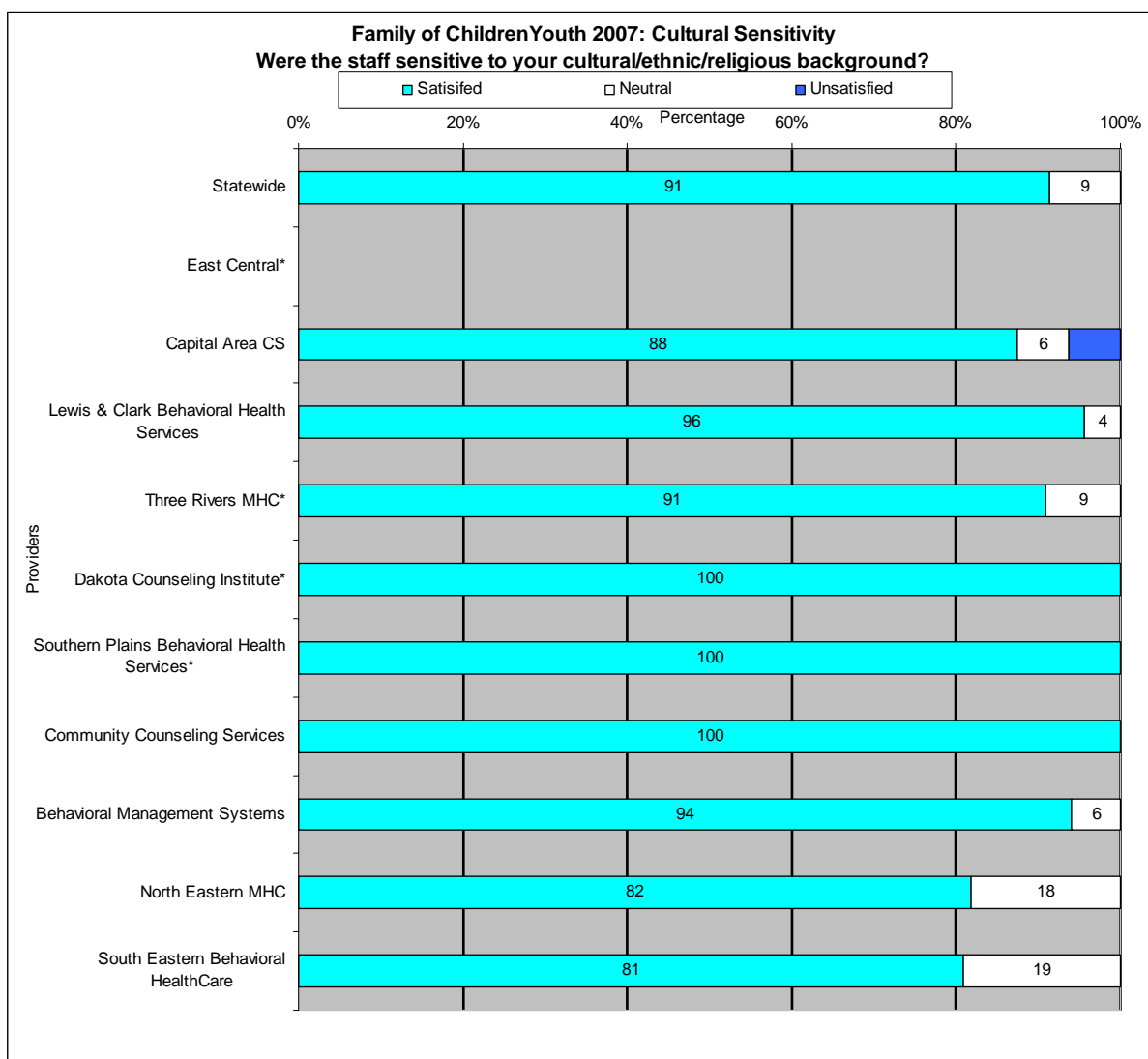
For the MHSIP domain of Outcomes, statewide 66% of “family” members of consumers reported they were satisfied, about the same rate as last year. Excluding East Central the Center satisfaction rates ranged from 75% to 50%. 10% or more of respondents from five Centers were ‘unsatisfied’ on this domain; none reached 20% (see chart above).

East Central	1.00 (1)	Community Counseling Services	2.41 (15)
Capital Area CS	1.94 (16)	Behavior Management Systems	2.42 (17)
Lewis & Clark Behavioral Health Services	2.12 (28)	North Eastern Mental Health Center	2.58 (22)
Three Rivers MHC	2.19 (12)	South Eastern Behavioral HealthCare	2.36 (24)
Dakota Counseling Institute	2.31 (13)	Human Services Agency	2.51 (19)
Southern Plains Behavioral Health Services	2.50 (10)	Statewide Average	2.31 (179)



For the MHSIP domain of Treatment Participation, statewide 83% of “family” members of consumers reported they were satisfied a slight increase from last year. The Center satisfaction rates ranged from 100% to 65%. None of the Centers had more than 10% of their respondents unsatisfied, an excellent outcome.

East Central	1.33 (1)	Community Counseling Services	1.87 (15)
Capital Area CS	1.73 (15)	Behavior Management Systems	2.06 (17)
Lewis & Clark Behavioral Health Services	1.90 (28)	North Eastern Mental Health Center	1.92 (22)
Three Rivers MHC	1.81 (12)	South Eastern Behavioral HealthCare	2.08 (24)
Dakota Counseling Institute	1.74 (13)	Human Services Agency	2.12 (17)
Southern Plains Behavioral Health Services	1.70 (9)	Statewide Average	1.92 (174)



For the MHSIP domain of Cultural Sensitivity, statewide 91% of “family” members of consumers reported they were satisfied, an increase of about 3% from last year. The Center satisfaction rates ranged from 82% to 100%, an excellent result. None of the Centers had as many as 10% of their respondents unsatisfied, also an excellent outcome.

East Central	n.a.	Community Counseling Services	1.63 (15)
Capital Area CS	1.61 (16)	Behavior Management Systems	1.69 (17)
Lewis & Clark Behavioral Health Services	1.53 (23)	North Eastern Mental Health Center	1.71 (22)
Three Rivers MHC	1.55 (11)	South Eastern Behavioral HealthCare	1.71 (21)
Dakota Counseling Institute	1.26 (11)	Human Services Agency	1.81 (18)
Southern Plains Behavioral Health Services	1.56 (10)	Statewide Average	1.64 (165)

% Individuals Completing Surveys

The responses from the Parents/Guardians of children and youth consumers for this year were analyzed statistically for all providers but East Central. There were no statistically reliable

differences among the 10 providers on any of the MHSIP domains or on the MHSIP Overall ($p > .25$ in all cases).

Combining responses from all years of the Family of Children and Youth survey significant differences were found among providers for the domains of Access, Outcomes, and Cultural Sensitivity, and for the MHSIP Overall ($p < .05$ only in all cases). Post hoc tests revealed that East Central Mental Health and Three Rivers Mental Health were reliably better than at least one other provider on one or more of these comparisons and that Dakota Counseling Institute was reliably worse than at least one other provider on one or more of these comparisons.

Given these results and comparisons described above the continuing challenge is for the CMHCs to:

- discuss possible reasons that might account for the differences reported above, allow WICHE to validate them if possible in the data, or possibly insert new questions in the survey to assess the reason
- look for ways to improve services or maintain already outstanding services, and
- implement strategies to improve services when appropriate.

While low scores are not to be construed as negative reflections on CMHCs, it would seem that at this point it could be very useful to compare and contrast the CMHCs that consistently do well with those that consistently do less well. The effort might best be initiated by conversations between S.D. and WICHE personnel.

Differences Associated with Demographics and Other Performance-Related Factors

In past years disparities in care for all three samples would be assessed by comparing survey findings from various demographic groups. Comparisons in other areas of interest (e.g., whether the consumer is still receiving services, their reasons for getting services, and so forth) would also be assessed.

This year these sets of analyses will not be done. There are two primary reasons for this. First, the results from this set of analyses has tended to be remarkably consistent over the years these report have been done. Second, it was decided that these reports would be more useful if there were a different focus for the analysis for this year and the following year as well.

To make up for this in part, for each of the 3 surveys the results from last year section will be presented in the appendices for those who have not seen previous reports or would like to reread these results. See Appendix C for last year's adult comparisons and Appendix D for last year's Family of Children and Youth and Youth comparisons.

Social Connectedness and Improved Functioning Scales

Several years ago MHSIP decided that the MHSIP domains needed to be extended. Among the 'new' domains considered the responsible group decided that the domains of Social Connectedness and Improved Functioning needed to be assessed. For the adult survey the first, Social Connectedness, consisted of 7 items that focused on the extent to which the

consumer had other people that could be called on as a resource. Two typical sample items are: Other than my service providers ... “When I need help right away, I know people I can call on” and “I am happy with the friendships I have.” These items were rated on the same 5-point scale used for the other MHSIP items.

For the adult sample the second new scale, Improved Functioning, consisted of 4 additional items that tapped a domain very similar to that of the MHSIP domain of Outcomes. A typical item reads As a result of the services I received ... “I am better able to handle things when they go wrong.” These items were also rated on the same 5-point scale used for the other MHSIP items.

The measure of social connectedness was guided by the following working definition: “What does social support/social connectedness mean? ... The guidance provided was that the “emphasis is more on social connectedness rather than social support.” Thus, the working concept agreed upon by the SCW is to measure the individual’s relationship with his/her family, friends, and community. This does not include relationship with service providers or the use of specific programs or social support services provided through the mental health system. Henceforth, the phrase “social support” was dropped from the official name of the measure.” (Development of Mental Health Measure of Social Connectedness, Ted Lutterman, M.A., Bernadette E. Phelan, Ph.D., Azeb Berhane, M.A., DIG/URS Report on the Development of a Mental Health Measure of Social Connectedness). This measure was developed for the MHSIP surveys of adults and families of children and youth only.

The measure of improved functioning appears to be intended to add a more specific assessment of the extent to which, as a direct result of services received from this provider “I am better able to do things that I want to do.” and “I am better able to handle things when they go wrong.” Adults were given 4 such items. One such item was also added to the family of children and youth survey. No changes were made to the Youth survey.

For the adult survey a factor analysis with varimax rotation of the MHSIP domain items, including the items assessing the new domains, was carried out. The items related to Social Connectedness loaded on two factors, paralleling results reported in Lutterman et al, above. This provides evidence that this domain is separate from the other MHSIP domains. Correlations among the MHSIP domains showed that this domain’s relationship with the “original” MHSIP domains was of the same magnitude as the relationship among these domains themselves. For these reasons we will further analyze this scale in this section.

It should also be noted that the committee that developed this measure settled on 4 of the 7 items, merging two domains into one. Since South Dakota has data on both of the subfactors - Support and Belong in the Community - the analysis will focus on all seven items as a whole. The two subfactors will be included when these add additional information. It’s also worth noting that the scores on the version of the total scale based on 4-items are virtually identical to the scores from the original 7-item scale.

By contrast, the loadings of the “improved functioning” items were indistinguishable from the other items in the outcomes domain. Furthermore the correlation between these two “domains” was 0.89, providing further evidence that these two domains are assessing the same underlying dimension. For these reasons we will not further analyze the new domain of Improved Functioning.

For the Family survey a factor analysis with varimax rotation of the MHSIP domain items showed that the Social Connectedness items all loaded on their own factor. As with the findings for the adult survey correlations among the MHSIP domains showed the same magnitude of relationship with the MHSIP domains as the relationship among these domains themselves. For these reasons we will look at the relationship between this domain and other parts of the MHSIP survey in this section.

The loadings of “improved functioning” item were indistinguishable from the other items in the Outcomes domain. This item correlated 0.98 with the Outcomes domain, indicating that it is assessing the same underlying dimension. For these reasons we will not look at this item further.

It’s worth noting that the relevant items from both these scales have been included in the South Dakota adult and family/caregiver surveys for the last 3 years.

Adult Consumer Sample:

Statewide results:

These two scales are themselves highly related. Combining the three years of data the correlation between these two scales is 0.57. This very strong relationship is quite consistent over the 3 years data is available; the magnitude of this relationship is about the same as the magnitude among the various MHSIP domains.

Below is a table that shows the relationship (correlations) between these two new scales and the five MHSIP domains and MHSIP Overall for the three years in which data is available.

Scale / MHSIP Domain	Access	Appropriateness	Outcomes	Tx Participation	General Satisfaction	MHSIP Overall
Social Connectedness	0.43	0.46	0.64	0.35	0.37	0.59
Improved Functioning	0.49	0.51	0.89	0.41	0.49	0.73

What is particular notable is that both scales have the strongest relationship with the domain of Outcomes. A factor analysis confirmed that both these scales load on the dimension that has Outcomes as the only MHSIP domain. The other domains loaded on their own separate dimension. Not surprisingly given the item content the relationship between Improved Functioning and Outcomes is so high ($r = 0.89$) that it can be seen as basically the same scale.

All correlations presented are highly statistically significant, and represent a very large effect size as well.

The table below shows the results for the domain of Social Connectedness statewide for the three years this survey was administered. Statistical analyses showed that there were no statistically significant differences in the average score for this domain with respect to these 3 years of data. For 2007 64% of respondents indicated that they were satisfied; this was virtually the same percentage as the other two years.

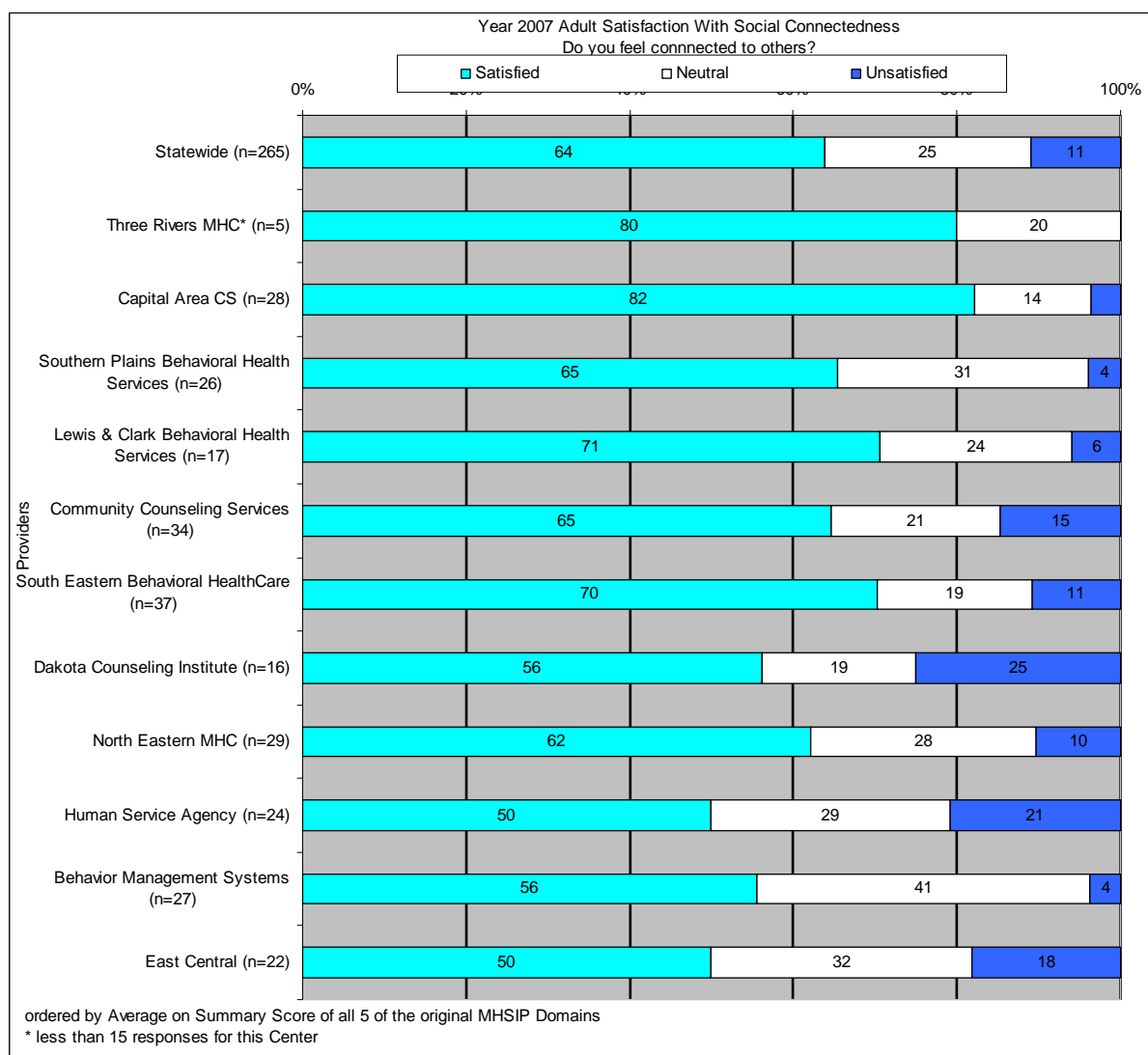
The results just reported correspond most closely to the domains of Outcomes (with respect to mean score) and Treatment Participation (with respect to percentage of clients satisfied).

Domain	# (and %) of valid scores from the 277 respondents	Mean Year 2007	Mean Year 2006	Mean Year 2005
Social Connectedness (based on 7 items)	265 (96.0%)	2.28	2.21	2.27
Social Connectedness – support (3 items)	268 (96.8%)	2.03	2.04	1.99
Social Connectedness – community (4 items)	264 (95.3%)	2.31	2.23	2.28

Differences among providers:

Below are the results for Social Connectedness by provider for this current year. Statewide 64% of consumers were satisfied and 11% of consumers were dissatisfied on this scale with their perceptions of how their provider had helped them. Satisfaction rates varied from a high of 82% to a low of 50%. Five providers had more than 10% of their consumers dissatisfied on this domain, with Dakota Counseling Institute having a dissatisfaction rate of 25%.

Statistical analyses were done to see whether there were reliable differences among providers over the 3 years that data was available. While there was an overall statistically significant effect among providers for both the Social Connectedness scale and the Support subscale ($p < .05$), post hoc analyses did not find any reliable differences among the providers.



Relationship to demographics and related variables

Gender: For the three years combined 62% of males and 65% of females were ‘satisfied’ with the domain of Social Connectedness. Differences between these two groups, on average, were not statistically significant (means of 2.29 vs. 2.23 for males vs. females respectively, $p > 0.40$). Nor did either of the two subscales differ reliably between males and females.

Age Group: For the three years combined 64% of those 18 up to 35 years of age, 60% of those 35 up to 65 years of age, and 82% of those 65 years of age and older were ‘satisfied’ with the domain of Social Connectedness. Differences between these three groups, on average, were highly statistically significant (means of 2.24 vs. 2.31 vs. 1.92 for these 3 age groups respectively, $p < 0.01$). Completely analogous results were found for the two subscales.

Race/Ethnicity: For the three years combined 62% of white non-hispanics and 65% of non-whites were ‘satisfied’ with the domain of Social Connectedness. Differences between these

two groups, on average, were not statistically significant (means of 2.25 vs. 2.29 for white non-hispanics vs. non-whites respectively, $p > 0.65$). Nor did either of the two subscales differ reliably between these two groups.

Working for Money in the Community: For the three years combined 74% of those working and 63% of those not working in the community were ‘satisfied’ with the domain of Social Connectedness. Differences between these two groups, on average, were not statistically significant, however (means of 2.21 vs. 2.28 for those working vs. those not working, $p > 0.35$). Nor did either of the two subscales differ reliably between these two groups.

Still Receiving Services from their CMHC: For the three years combined 63% of those still receiving services and 70% of those no longer receiving services were ‘satisfied’ with the domain of Social Connectedness. Differences between these two groups, on average, were not statistically significant (means of 2.26 vs. 2.23 for those still receiving services vs. those no longer receiving services, $p > 0.80$). Interestingly there was a slight tendency for those who were working compared to those who were not to feel more support from their community (means of 2.01 vs. 2.24). This relationship did not quite attain statistical significance ($p < .10$).

Voluntarily or not Voluntarily Receiving Services: For the three years combined 64% of those who chose to receive services, 66% of those who were encouraged to receive services, and 58% of those who were forced to receive services were ‘satisfied’ with the domain of Social Connectedness. Differences between these groups, on average, were not statistically significant (means of 2.26 vs. 2.20 vs. 2.40, $p > 0.15$). Nor did either of the two subscales differ reliably between these groups.

Thus in summary very few differences were found among the variables examined in adult consumer’s perceptions of the extent to which their providers have helped them to improve their ‘social connectedness’. Nor with one minor exception were there differential relationships between the two components of social connectedness, support and community.

Family/Caregiver Sample: As already mentioned in 2005 these two new scales were also added to the family/caregiver consumer survey for pilot testing. The first, Social Connectedness, consisted of 7 items that focused on the extent to which the consumer had other people that could be called on as a resource. Two typical sample items read: Other than my child’s service providers ... “In a crisis, I would have the support I need from family or friends” and “I am happy with the friendships I have.” These items were rated on the same 5-point scale used for the other MHSIP items.

The second new scale, Improved Functioning, consisted of 1 additional item that tapped a domain very similar to that of the MHSIP domain of Outcomes. The new item read As a result of the services my child received ... “My child is better able to do thing he or she wants to do.” This item was also rated on the same 5-point scale used for the other MHSIP items.

The one item on improved functioning is essentially equivalent to any of the other items in the domain of Outcomes. The correlation between this single item and the Outcomes domain is 0.75, both when combining the three years of existing data and for this year’s data only. If this item is kept it should be added to the Outcomes domain.

Statewide results: Below is a table that shows the relationship between the Social Connectedness scale and the five MHSIP domains and MHSIP Overall for the 2005-2007 surveys. These results are essentially the same as those reported last year.

Scale / MHSIP Domain	Access	Appropriateness	Outcomes	Tx Participation	Cultural Sensitivity	MHSIP Overall
Social Connectedness	0.40	0.43	0.32	0.30	0.45	0.47

Thus this new scale correlates reasonably highly with all of the MHSIP domains and MHSIP Overall. The magnitude of these correlations, however, is about the same as those observed by adult consumers with one marked exception. In contrast to the findings for adult consumers one of the lowest correlations with the Social Connectedness Scale is with the domain of Outcomes. By contrast for adult consumers this scale correlated substantially higher with Outcomes than with any other domain.

The most likely reason for these differences in findings is that the ratings on the Social Connectedness scale focus on the family/caregiver while the ratings on the MHSIP scales focus on the child/youth consumer. For adult consumers the focus on both sets of ratings is the adult consumer.

All correlations presented in the table are highly statistically significant. They represent moderate to large effect sizes.

The table below shows the results for the domain of Social Connectedness statewide for the three years this survey was administered. Statistical analyses showed that there were no statistically significant differences in the average score for this domain with respect to these 3 years of data. For 2007 64% of respondents indicated that they were satisfied; this was virtually the same percentage as the other two years.

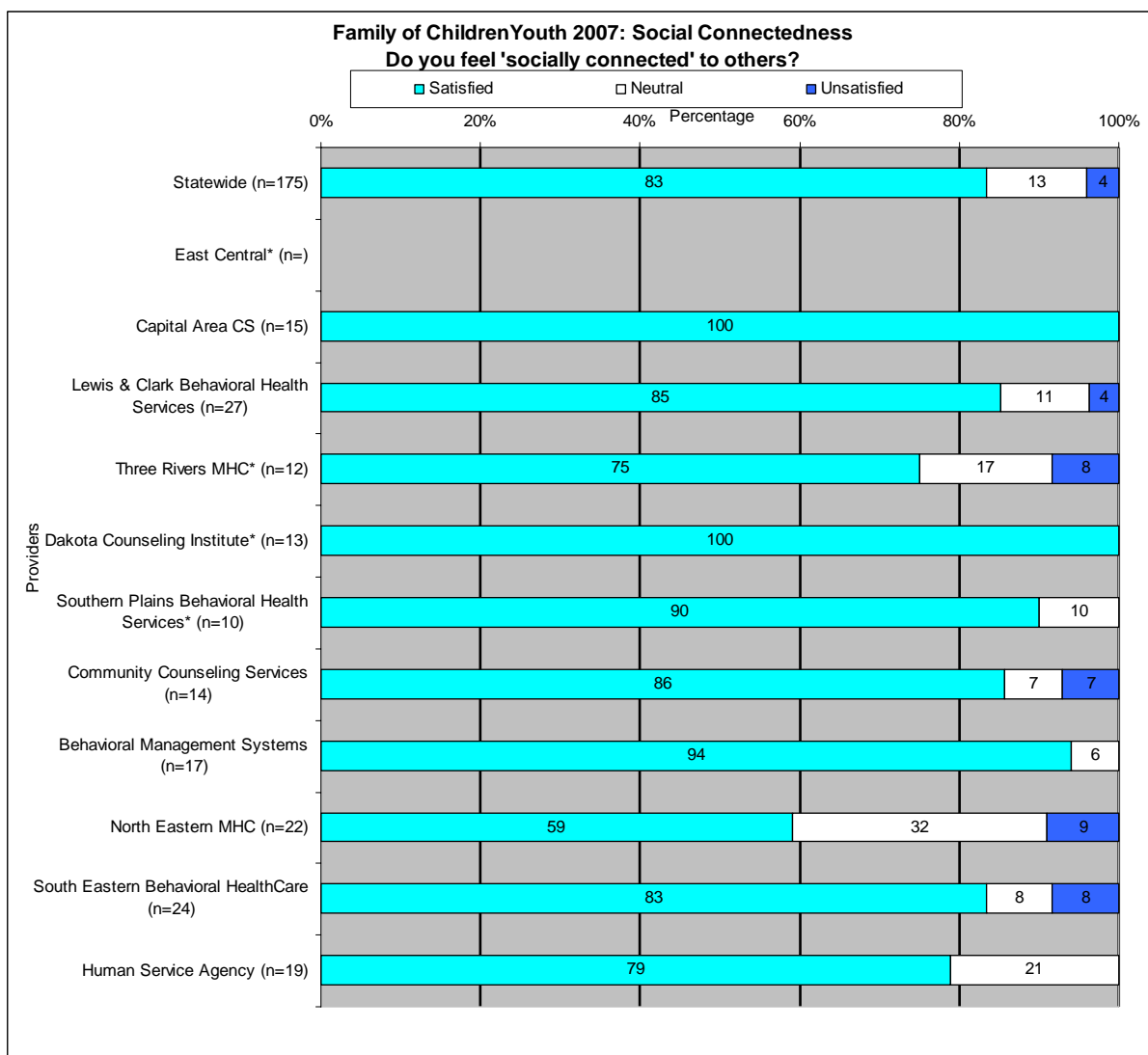
The results just reported correspond most closely to the domains of Outcomes (with respect to mean score) and Treatment Participation (with respect to percentage of clients satisfied).

Domain	# (and %) of valid scores from the 180 respondents	Mean Year 2007	Mean Year 2006	Mean Year 2005
Social Connectedness (based on 7 items)	175 (97.2%)	1.85	1.84	1.86
Social Connectedness – support (3 items)	175 (97.2%)	1.90	1.85	1.88
Social Connectedness – community (4 items)	176 (97.8%)	1.76	1.82	1.76

Differences among providers: Below are the results for Social Connectedness by provider for this current year. Statewide 83% of consumers were satisfied and only 4% of consumers were dissatisfied on this scale with their perceptions of how their provider had helped them. Satisfaction rates varied from a high of 100% to a low of 59%. No providers had 10% or more of their consumers dissatisfied on this domain, an excellent outcome.

Statistical analyses were done to see whether there were reliable differences among providers over the 3 years that data was available. No overall statistically significant effect among providers was found for either the Social Connectedness scale or its two subscales. Thus there

is no evidence for provider differences for the 3 years in which this domain was included in the survey.



Relationship to demographics and related variables

Gender: For the three years combined 82.3% of males and 83.8% of females were ‘satisfied’ with the domain of Social Connectedness. Differences between these two groups, on average, were not statistically significant (means of 1.86 vs. 1.83 for males vs. females respectively, $p > 0.60$). Nor did either of the two subscales differ reliably between males and females.

Race/Ethnicity: For the three years combined 81.2% of white non-hispanics and 86.8% of non-whites were ‘satisfied’ with the domain of Social Connectedness. Differences between these two groups, on average, were statistically significant (means of 1.89 vs. 1.74 for white non-hispanics vs. non-whites respectively, $p < 0.05$). These findings were even more pronounced in the Social Connectedness subscale (means of 1.86 vs. 1.61 for these two groups respectively, $p < .001$). No differences were found for the subscale of Support. Thus

non-whites rate their provider as promoting significantly greater social connectedness, especially in the 'community' subscale, than do white non-hispanics.

Still Receiving Services from their CMHC: For the three years combined 82% of those still receiving services and 86% of those no longer receiving services were 'satisfied' with the domain of Social Connectedness. Differences between these two groups, on average, were not statistically significant (means of 1.85 vs. 1.80 for those still receiving services vs. those no longer receiving services, $p > 0.45$).

Voluntarily or not Voluntarily Receiving Services: For the three years combined 78% of those who chose to receive services, 85% of those who were encouraged to receive services, and 83% of those who were forced to receive services were 'satisfied' with the domain of Social Connectedness. Differences between these groups, on average, were not statistically significant (means of 1.85 vs. 1.81 vs. 1.88, $p > 0.55$). Nor did either of the two subscales differ reliably between these three groups.

Thus in summary with the exception of race/ethnicity there were no differences found among the variables examined in parent/guardian's perceptions of the extent to which their providers have helped their families improve their 'social connectedness'. It's worth noting that the findings for race/ethnicity were especially pronounced for the subscale social Connectedness.

Discussion/Implications

Historically, the State and CMHCs have shown that they value input from adult and youth consumers and family members by asking them to evaluate services and incorporating responses into a continuous quality improvement process. This is the eighth year of a MHSIP consumer survey of adult consumers of all CMHCs, the seventh Youth survey, and the fifth Family/Guardianship survey. Each year a random sample of adult with serious and persistent mental illnesses and youth consumers and parents/guardians of children/youth with serious emotional disturbance has been taken. All three samples included consumers who had received at least one service within the preceding three months. These consumers are mailed a questionnaire developed nationally for consumers to assess the quality and outcome of services. Their responses provide performance indicators for the system of care.

The MHSIP consumer survey is continuing to be implemented nationally by State mental health authorities. It was also largely included in the recommendation by the American College of Mental Health Administration in collaboration with the nation's five leading accrediting organizations in behavioral health, to reach agreement on a core common set of performance indicators and measures for the field <http://www.acmha.org/work.htm>.

The response rate for this sample of adult consumers was 31%. This represents a drop of about 6% from last year but is still an excellent response rate. The response rate for the family survey was 21%, a drop of about 5% but still a very respectable result. Finally the response rate for the youth survey was about 17%, a drop of about 3% but still a very respectable return rate for this population.

Seventy-seven percent of adult respondents rated services positively in the Overall summary. Adult respondents were particularly positive on domains of Access, Quality/Appropriateness, and General Satisfaction. Two domains of Treatment Participation and Outcomes, while still positive, were less positive than other domains.

Eighty-one percent of parent/guardian respondents rated services positively in the Overall summary. These respondents were also particularly positive on domains of Access, Quality/Appropriateness, Treatment Participation and Cultural Sensitivity. Only the domain of Outcomes, while still positive, was less positive than other domains.

Seventy-seven percent of youth respondents rated services positively in the Overall summary. These respondents were particularly positive on domains of Access and Cultural Sensitivity. Three domains, Quality/Appropriateness, Treatment Participation and Outcomes, while still positive, were less positive than these two other domains.

Thus statewide evaluation of services was very positive overall. For all three surveys finding differences between domains speaks to the strength of the MHSIP instrument and the ability of consumers to evaluate domains separately.

Statewide findings in 2007 were comparable to the preceding year. Adult consumers have consistently rated the Outcome domain least positively. That finding is consistent with other States. Differences in South Dakota between the Outcome domain and all other domain have been statistically significant ($p < .001$) with the effect sizes were in the small to moderate range. This is a meaningful effect. Outcome scores have been stable for three years in a row (means of 2.39 this year, 2.32 last year, and 2.37 and 2.39 for the two previous years).

An analysis of trends for each of the three respondent samples over their respective years taking the survey indicate no reliable trends on the MHSIP domains or on MHSIP overall.

The inclusion of the CDC's 4-item HRQOL (Health Related Quality of Life Scale) scale appears to have been a useful addition to the survey of adult consumers. This scale provides information on client functioning that supplements the MHSIP questionnaire. These scores also related significantly to the MHSIP domains, especially the domain of Outcomes. Findings this year confirmed again the relatively poor health related quality of life of consumers compared with the general population (utilizing data from the Behavioral Health Risk Factors Surveillance System). Consumers show more than three times the mentally unhealthy days and four times the physically unhealthy days as the general population. Even with different survey methods these findings are 1) an indicator of appropriateness of treatment, and 2) point towards broader health issues among consumers, including chronic health conditions and health risk behaviors.

In previous years detailed analyses have been presented of the way in which long-standing MHSIP domains such as Quality/Appropriateness and Outcomes vary as a function of demographic variables as well as factors such as whether the client is still receiving services. Findings in this section have been quite consistent for all 3 surveys over the past few years we decided to omit this analysis and substitute a more detailed analysis of two newer MHSIP domains, Social Connectedness and Improved Functioning.

- An analysis the new domain Improved Functioning shows it measures virtually the same construct as the current MHSIP domain of Outcomes and does not contribute anything more to the evaluation.

- An analysis of the new domain of Social Connectedness considered both the overall scale and its two subscales of social support and community connectedness. There were no reliable associations between Social Connectedness and any demographic variables or factors like whether the consumer is still receiving services. Given this it's not entirely clear what this domain is adding to the survey.

Factors related to consumer evaluation of care are important to monitor. Differences found between groups, including providers may be due to such factors. The survey has monitored three factors carefully; whether or not respondents were working for money, still receiving services, and voluntarily in treatment.

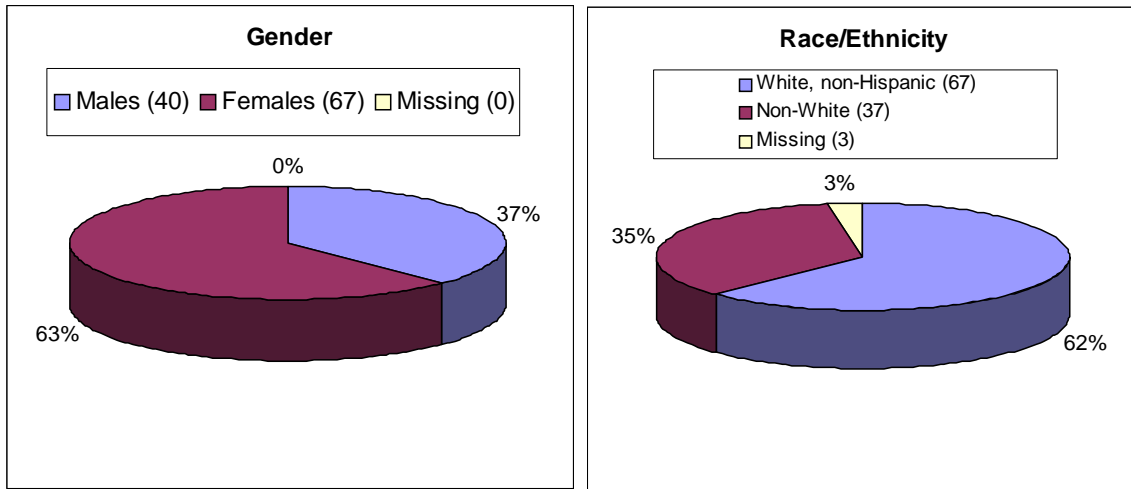
There were again statistically significant differences among CMHCs for the current survey. Reliable differences were also found when data from all years of the survey are combined. There is evidence that one CMHC is rated more positively while another is rated more negatively than the other nine CMHCs. One needs to be extremely cautious interpreting this. It is important to recognize there may be client characteristics that account for such differences. There has been no 'risk adjustment' done in this report. Indeed one might argue we do not know enough about the risk factors needed for such an adjustment much less have the data to make such an adjustment.

The differences found between CMHCs are interesting nevertheless. They could lead to discussions that could identify important factors related to client evaluation of care. Stakeholders might look for unique characteristics of the CMHC with most positive ratings and consider if those characteristics lead to the positive evaluation from consumers.

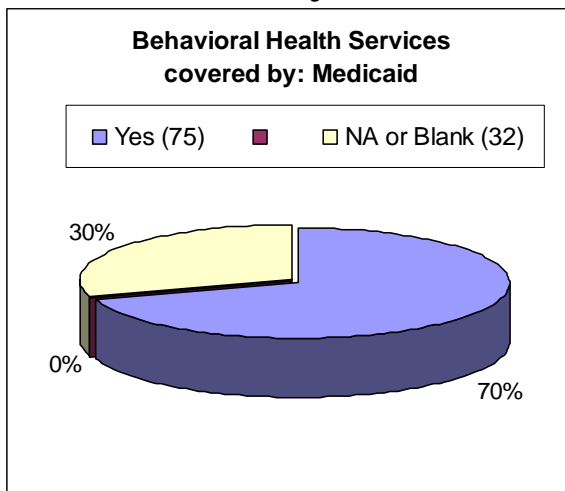
The challenge continues for CMHCs to discuss findings, validate them, consider possible explanations for differences, look for ways to improve services, and finally, to implement strategies to improve services when appropriate. CMHCs are to be commended for participating in the development of these performance indicators and low scores are not to be construed as negative reflections on CMHCs. The most important observation about this project is that consumers are evaluating the services they receive and Centers are doing everything they can to listen and improve services based on this evaluation.

Appendix A: Youth 2007 Survey: Results from Demographic Questions on Survey

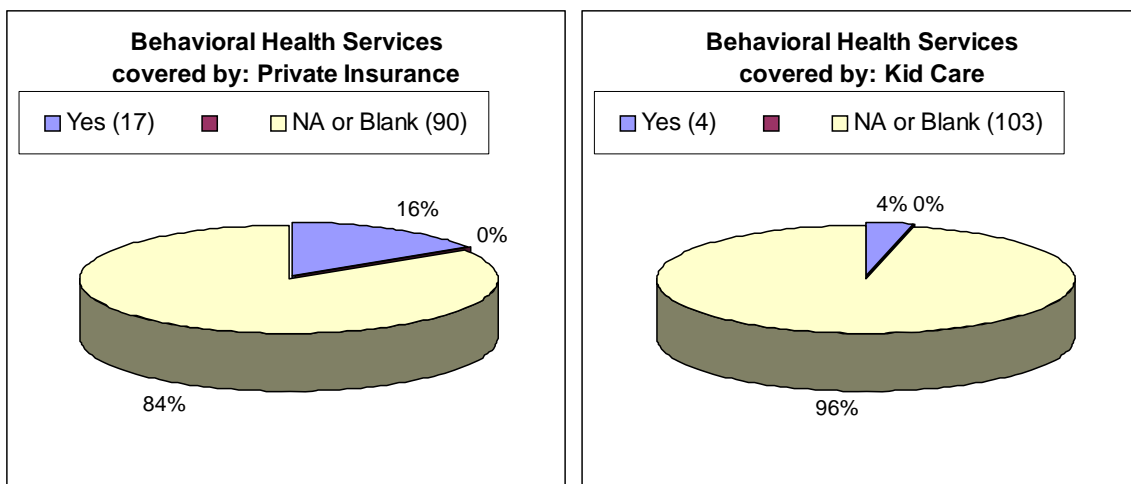
Gender and Race/Ethnicity



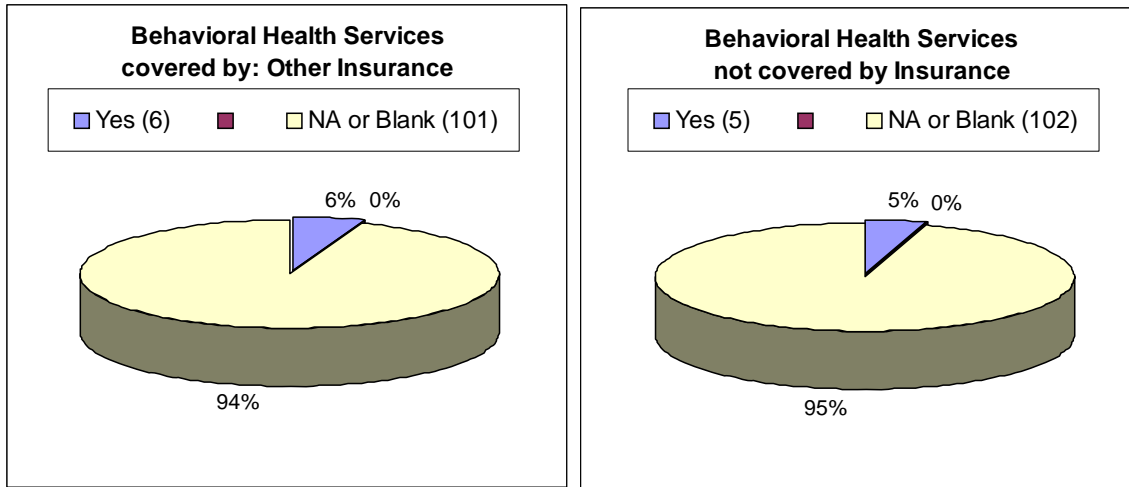
Whether Covered by Medicaid Insurance:



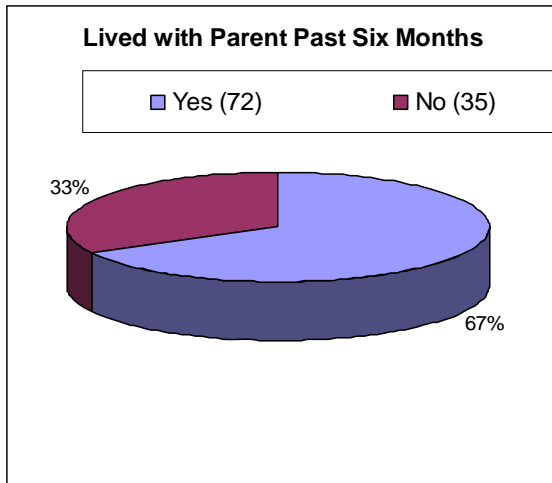
Whether have Private Insurance or Whether have Kid Care:



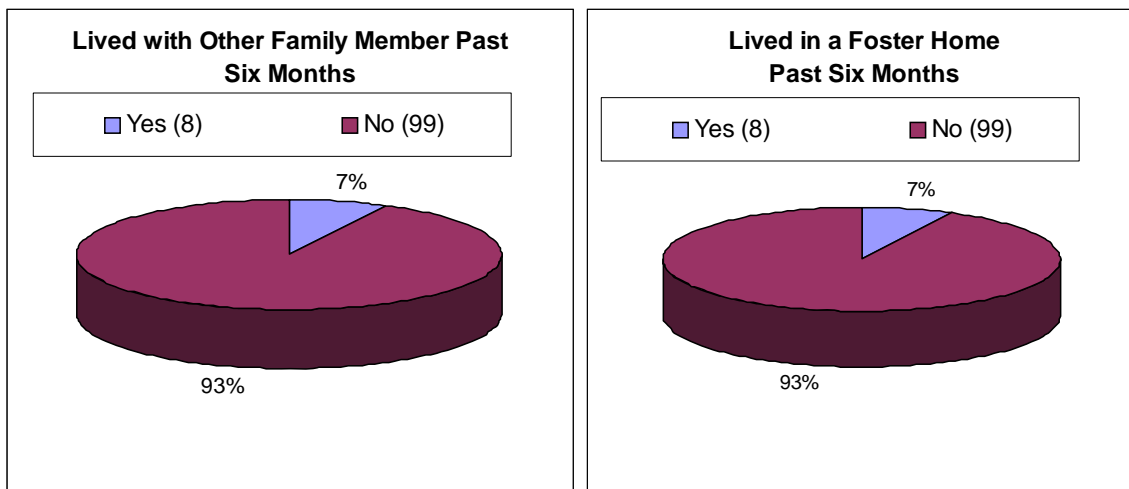
Whether have Other Insurance or Have No Insurance:



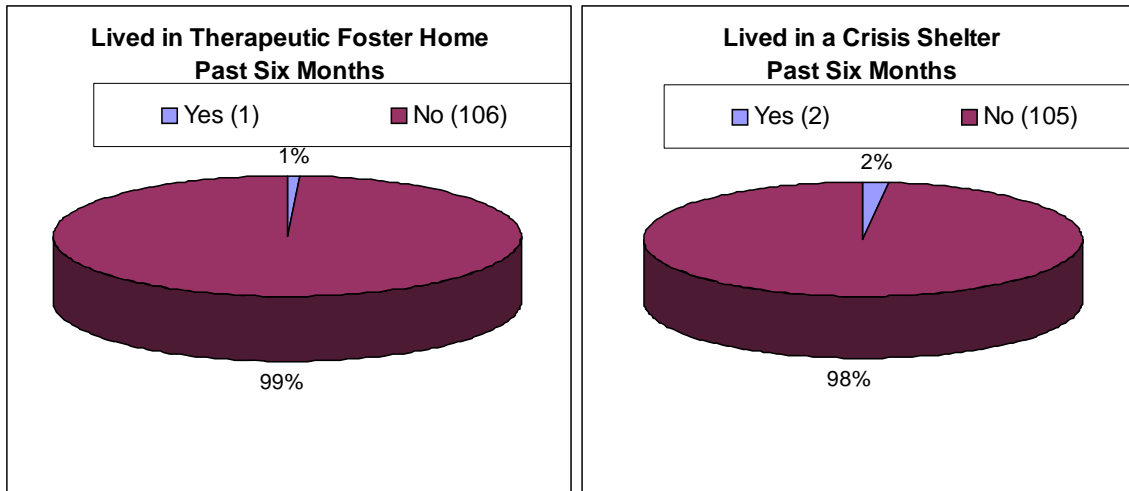
Whether Youth Lived with Parents in Past Six Months



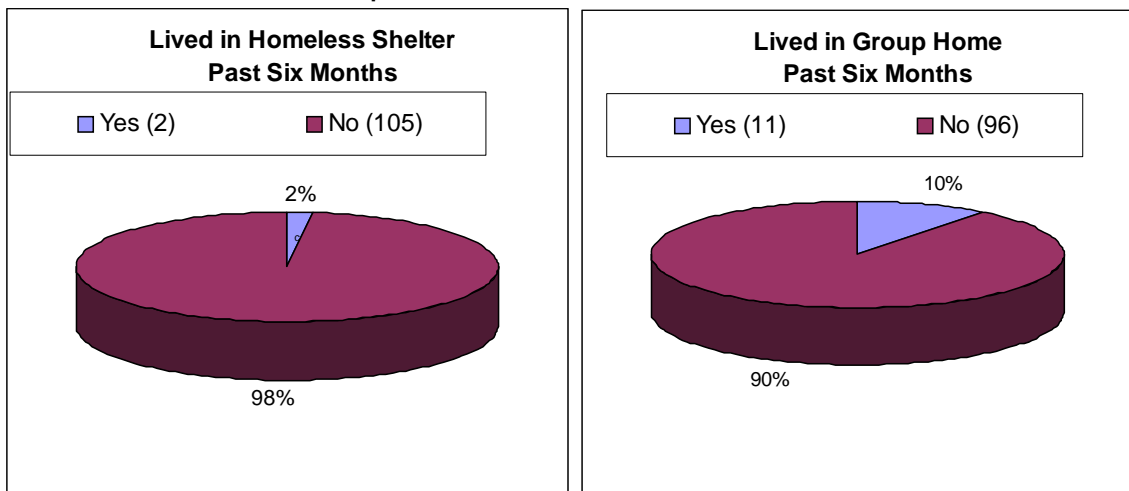
Whether Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



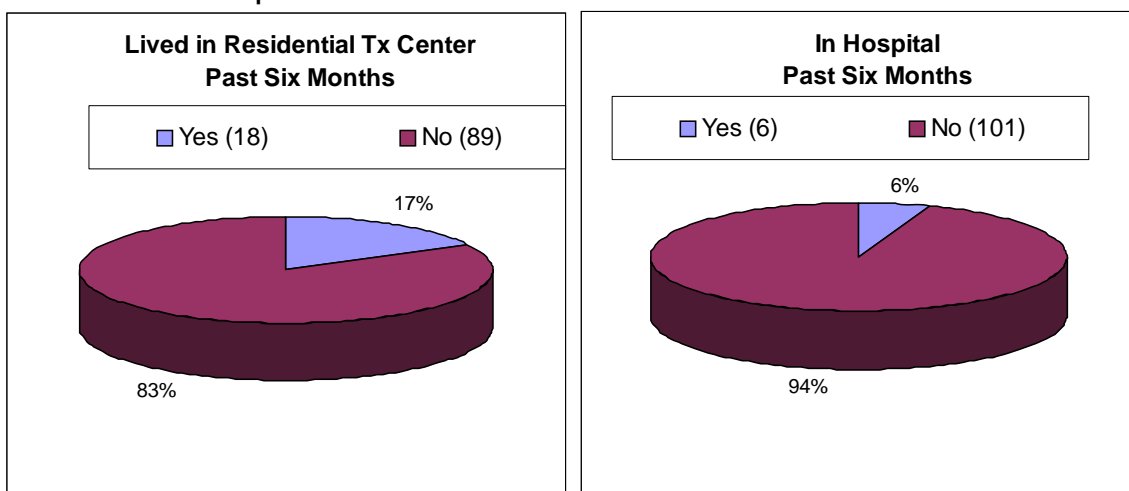
Whether Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



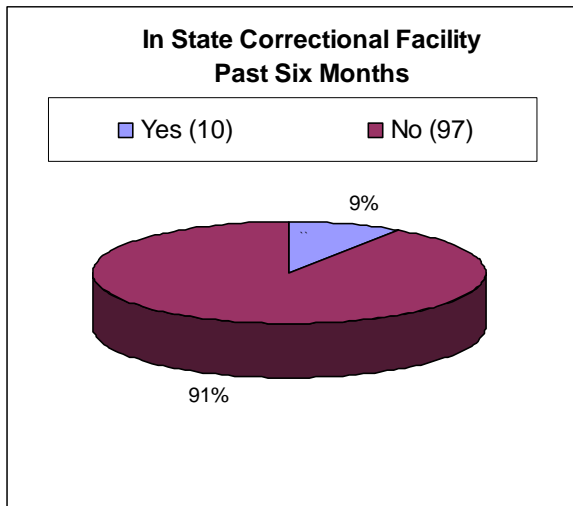
Whether Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



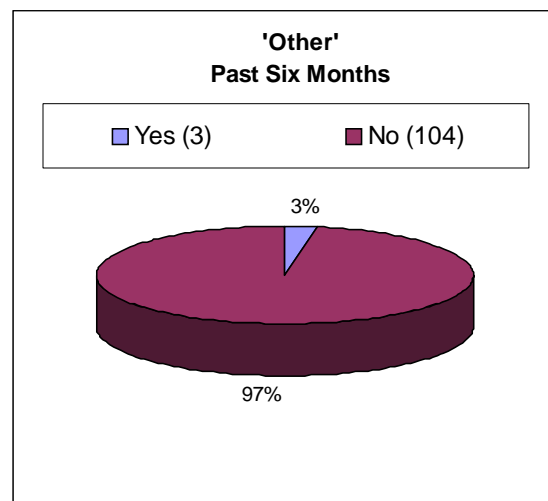
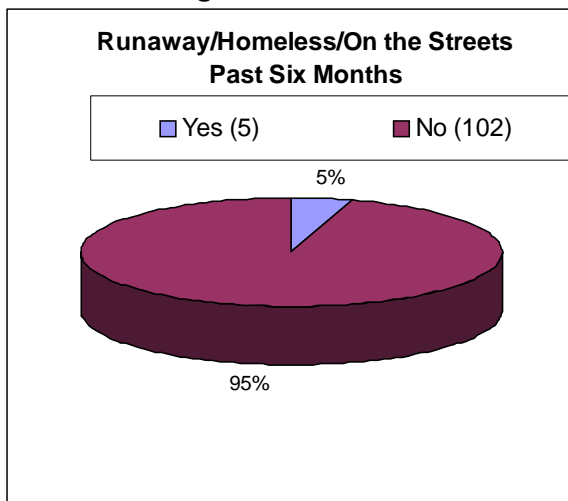
Whether Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



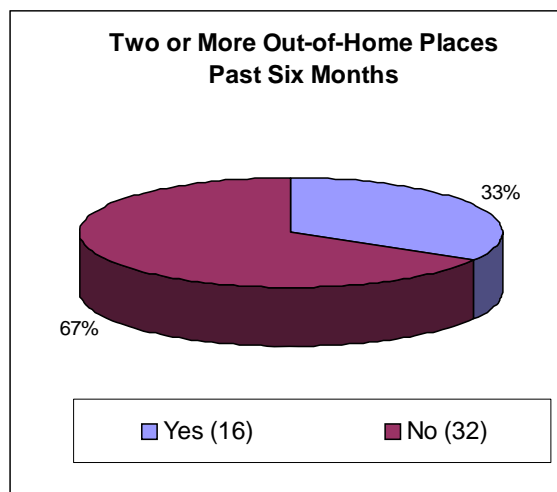
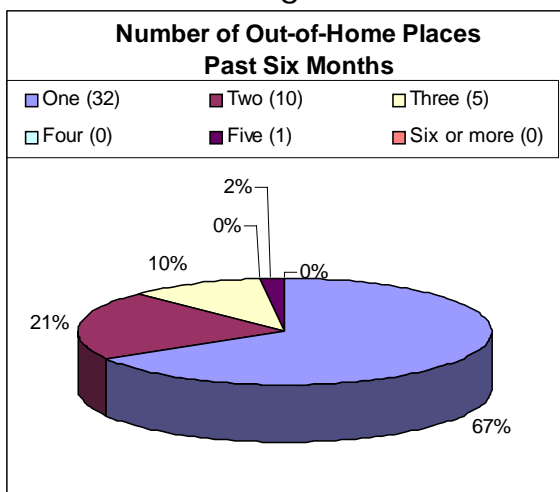
Whether Youth Lived in Local in State Correctional Facility Past Six Months



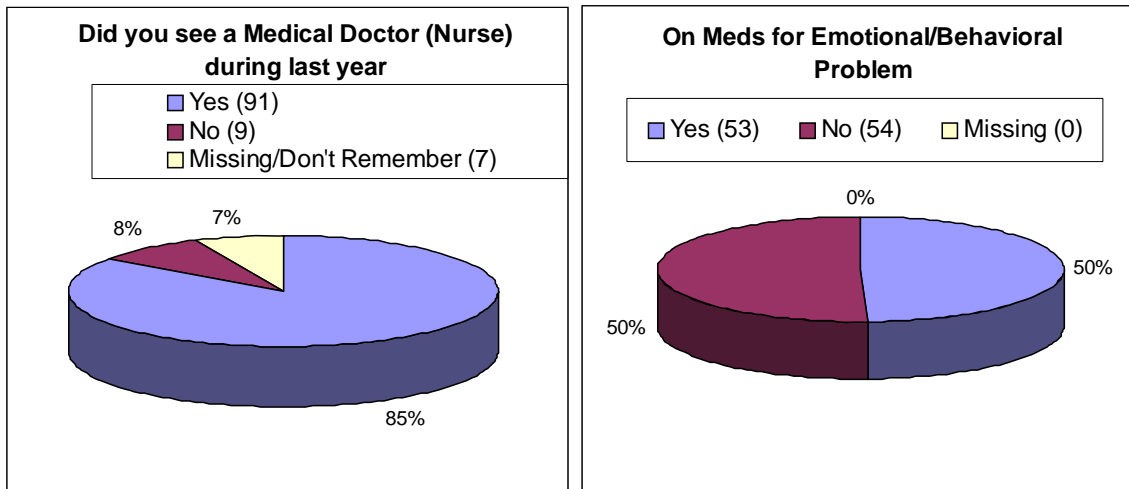
Whether Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



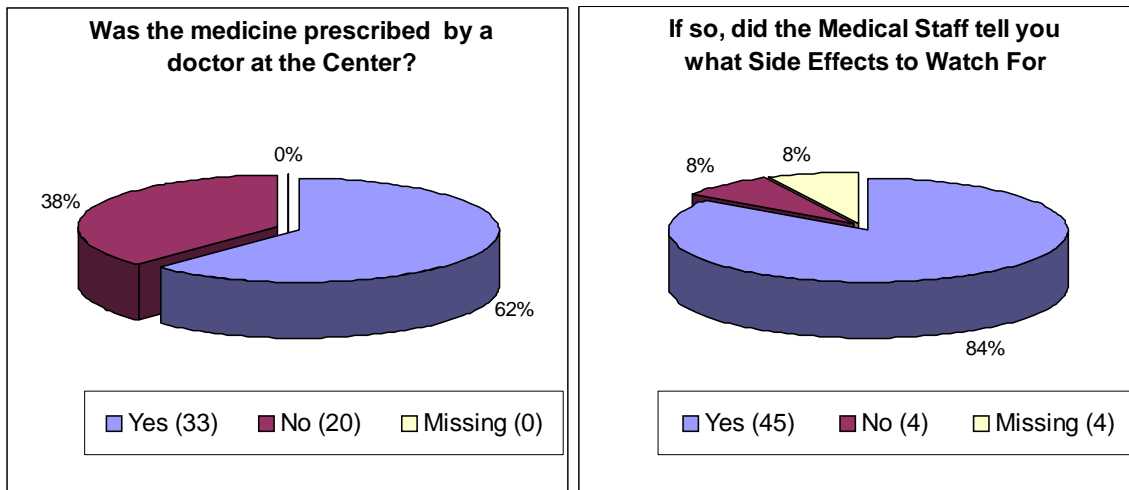
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Youth with Two or More Out-of-Home Placements



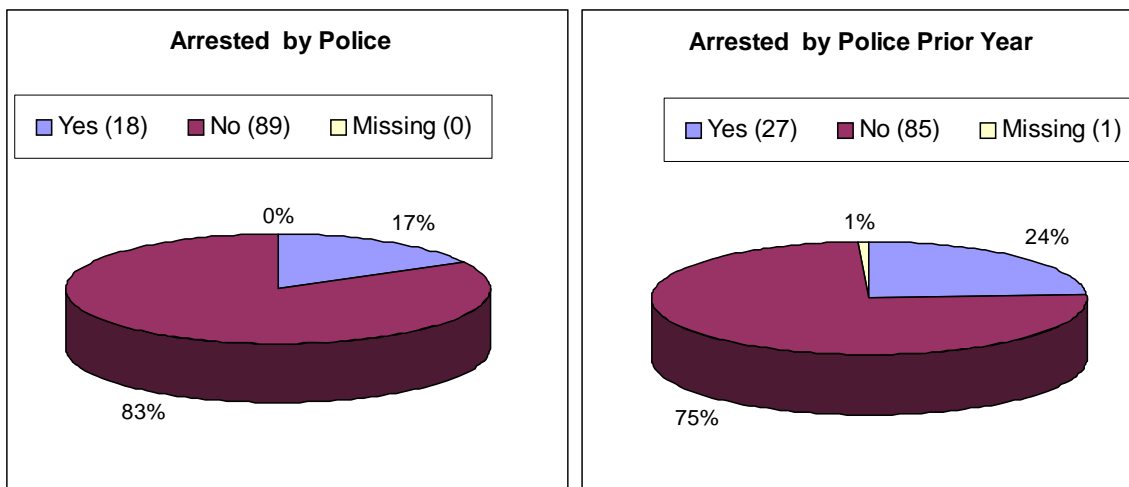
Whether Youth Saw Doctor/Nurse for Check Up/Sick, and was Youth on Meds for Behavioral or Emotional Problems,



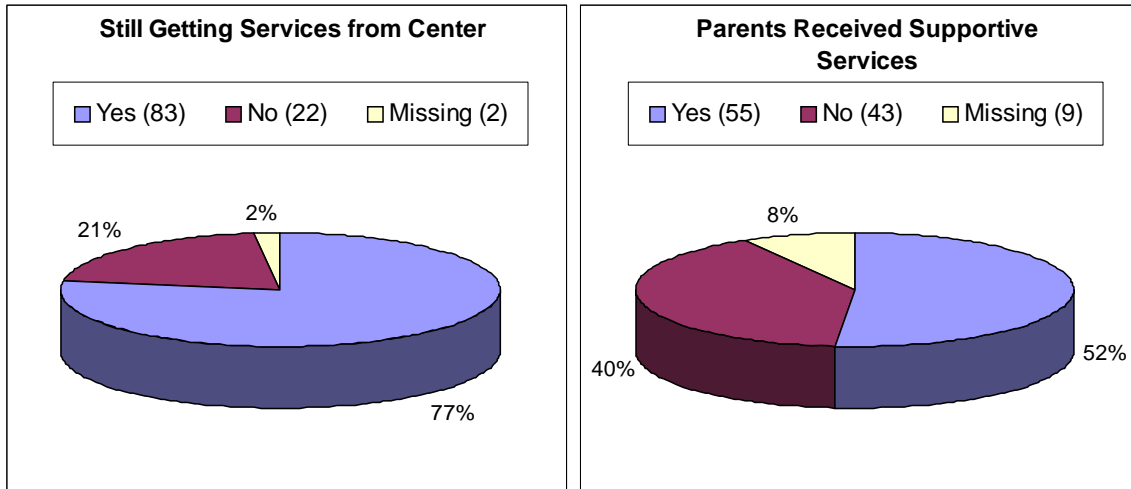
Was the Medicine Prescribed by a Doctor at the Center, and Did the Doctor or Nurse Warn about Possible Side Effects:



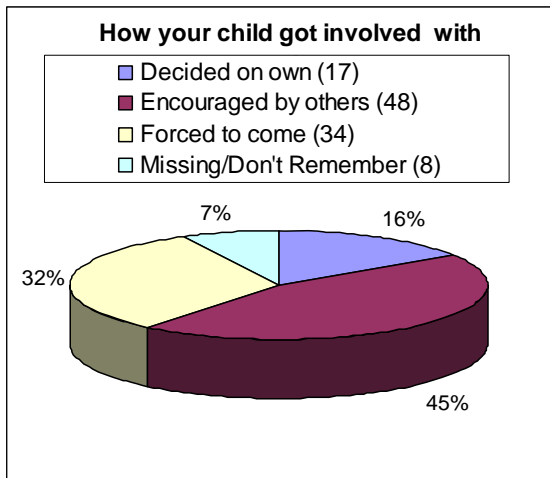
Whether the Youth Arrested this Year, and Whether Arrested in Previous Year:



Whether Still Receiving Services from This Center, and Whether Parents Received Supportive Services

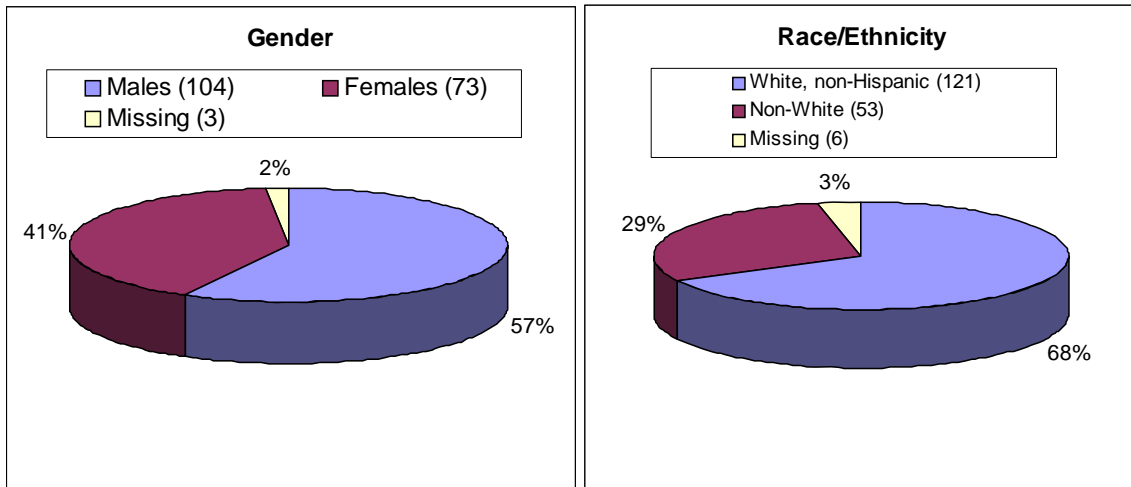


Reasons For Starting to Receive Services from This Center

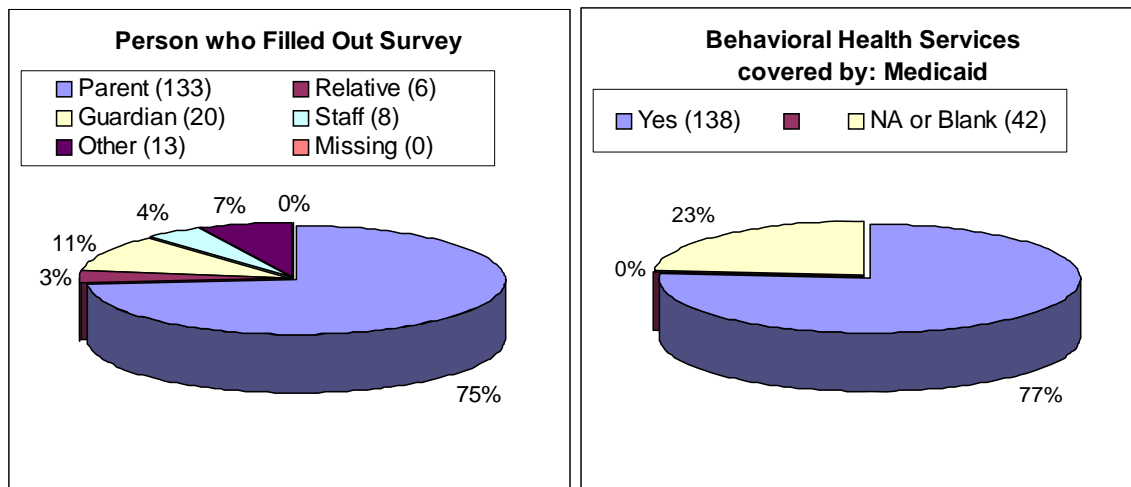


Appendix B: Family of Children and Youth 2007 Survey - Results from Demographic and Other Questions on Survey

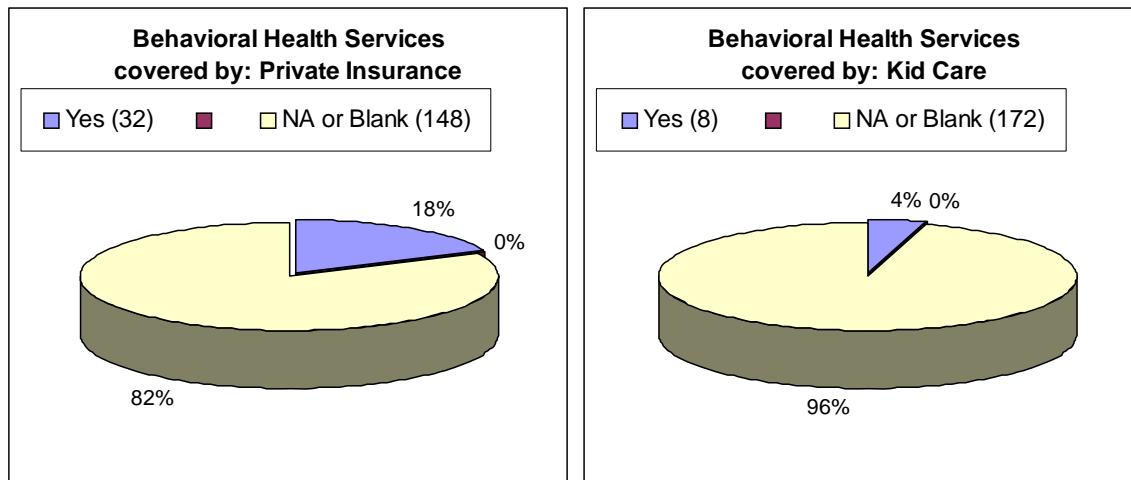
Gender and Race/Ethnicity



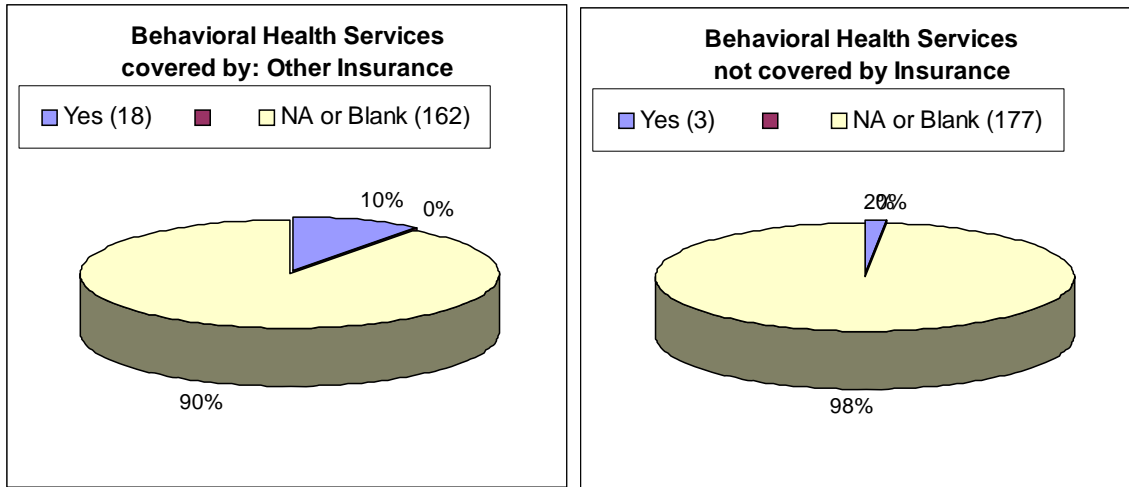
Who Filled Out Questionnaire, and Whether have Medicaid Insurance



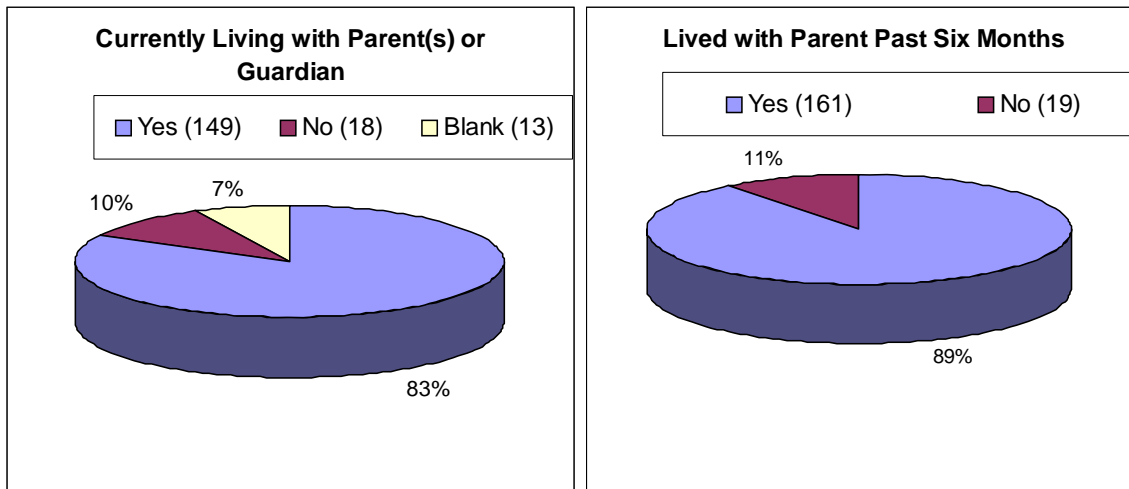
Whether have Private Insurance; Whether have Kid Care:



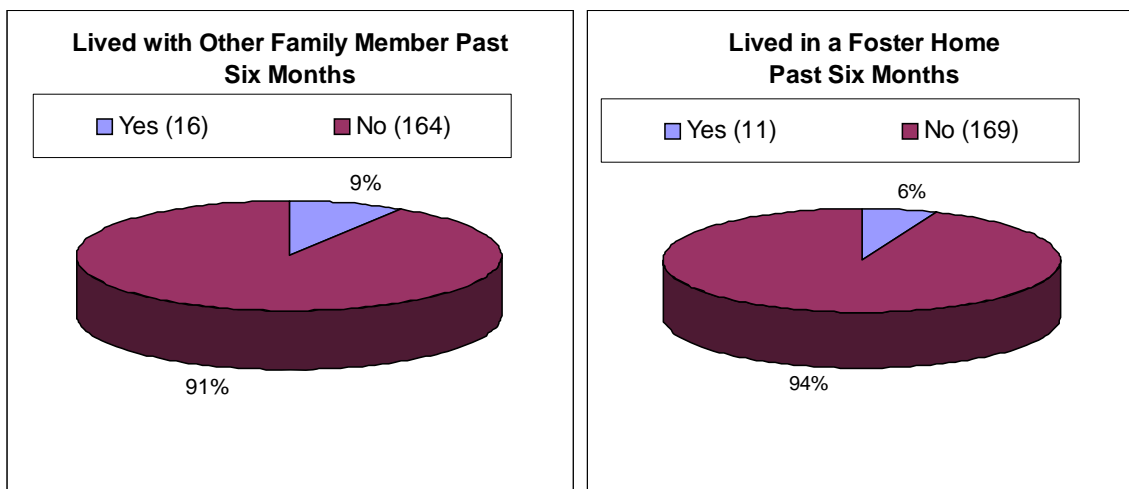
Whether have Other Insurance or Have No Insurance:



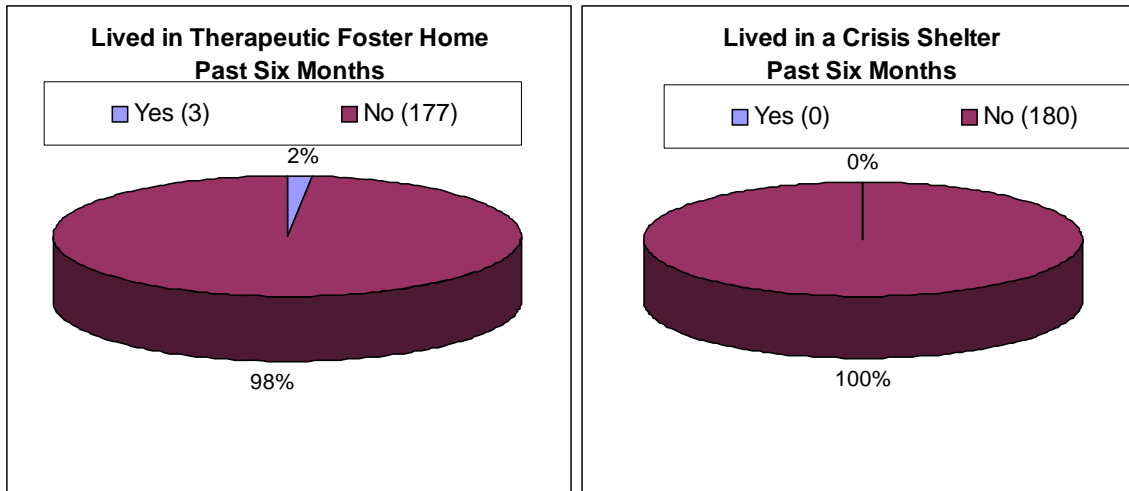
Whether Child/Youth Currently Living with Parent(s)/Guardian and Whether Lived with Parents in Past Six Months



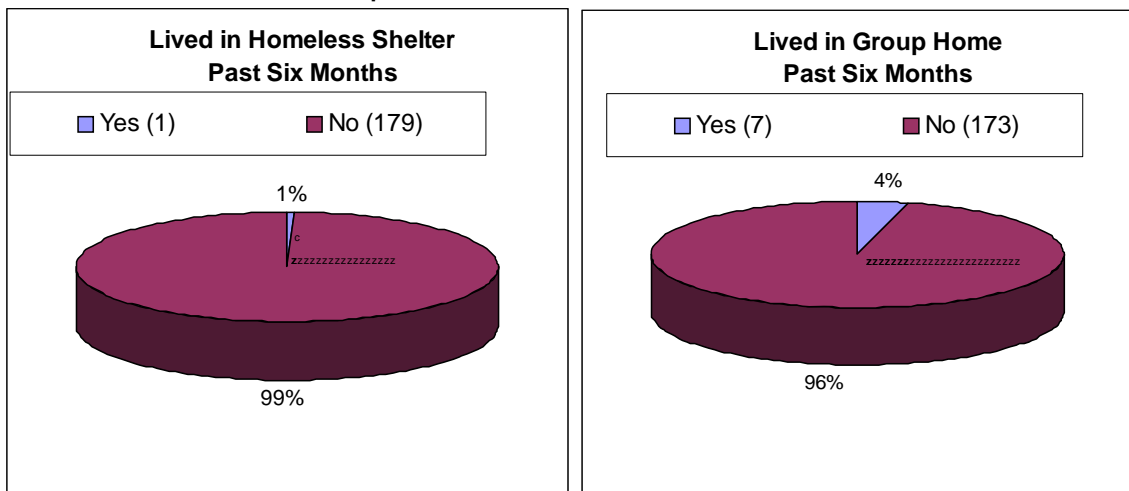
Whether Child/Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



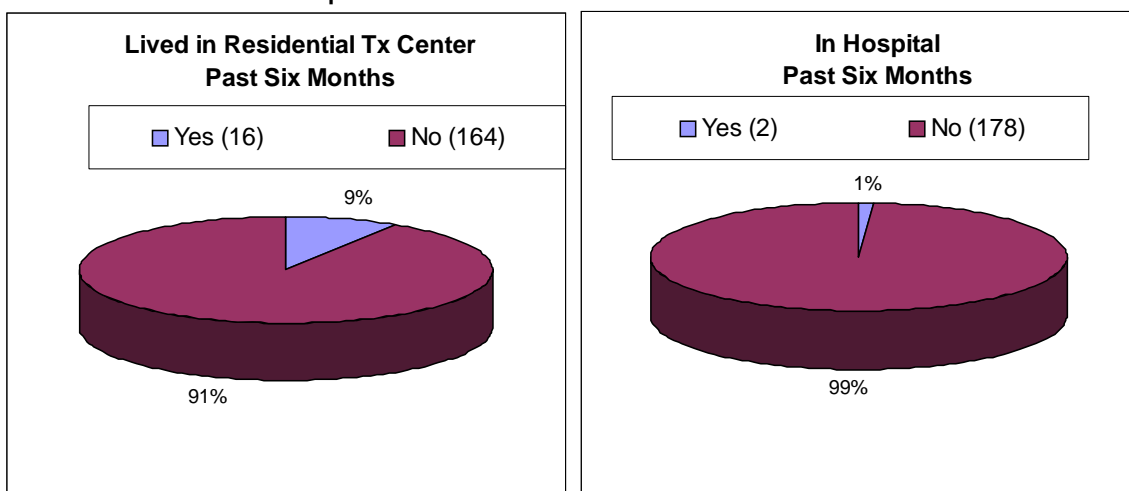
Whether Child/Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



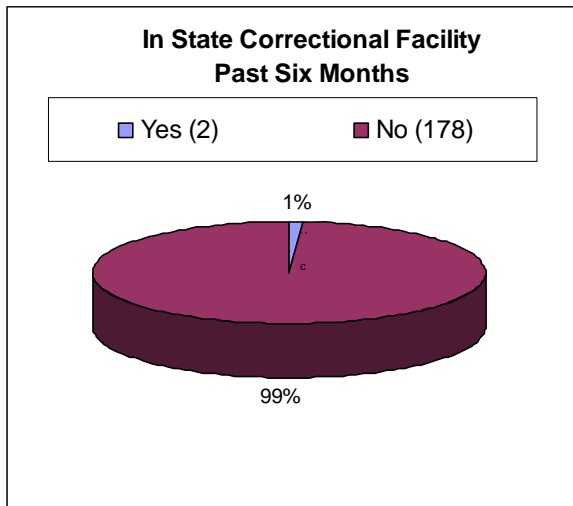
Whether Child/Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



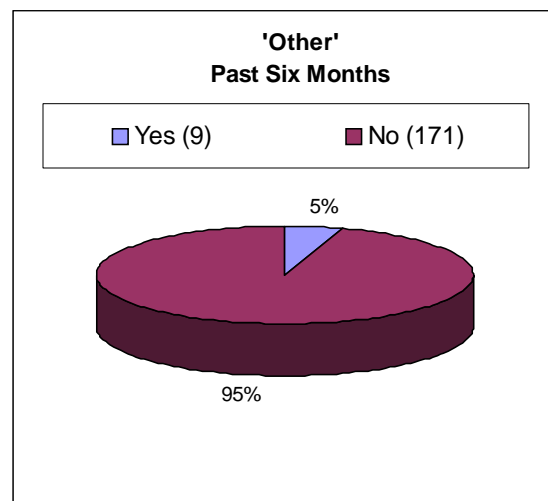
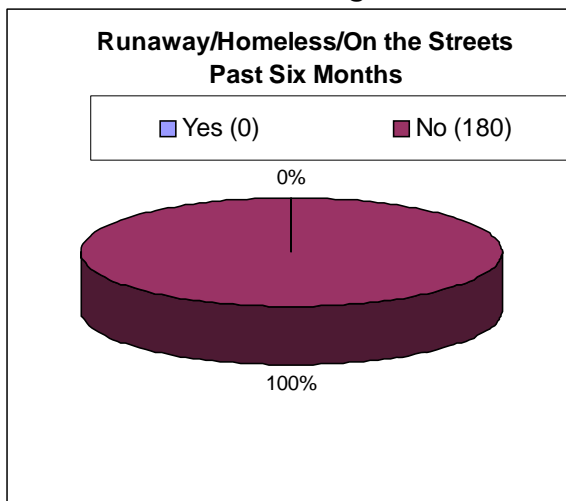
Whether Child/Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



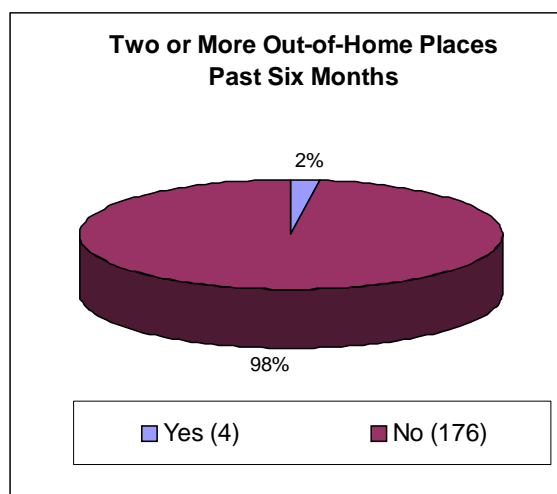
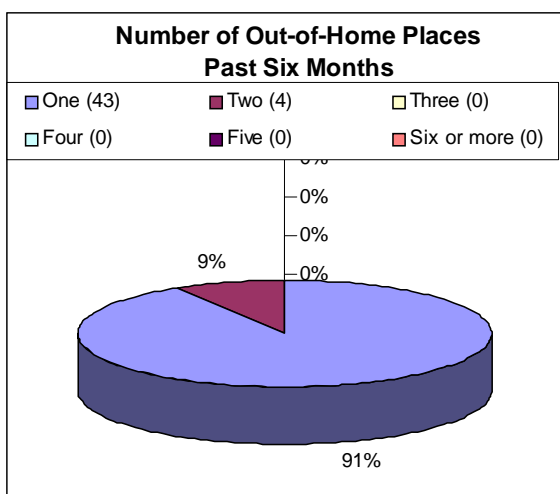
Whether Child/Youth Lived in State Correctional Facility Past Six Months



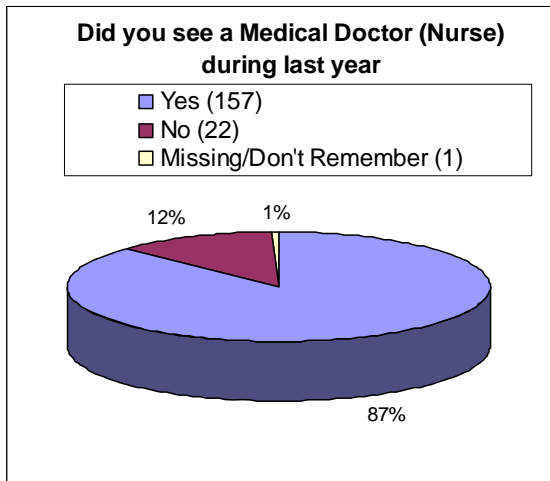
Whether Child/Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



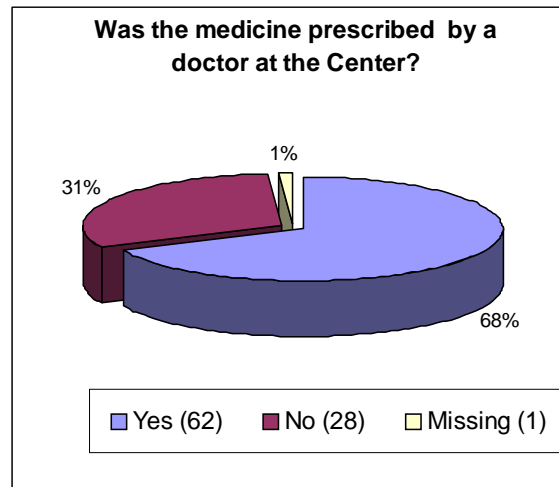
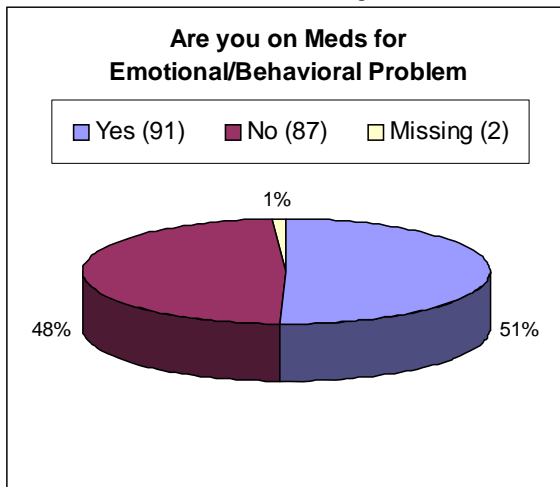
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Children/Youth with Two or More Out-of-Home Placements



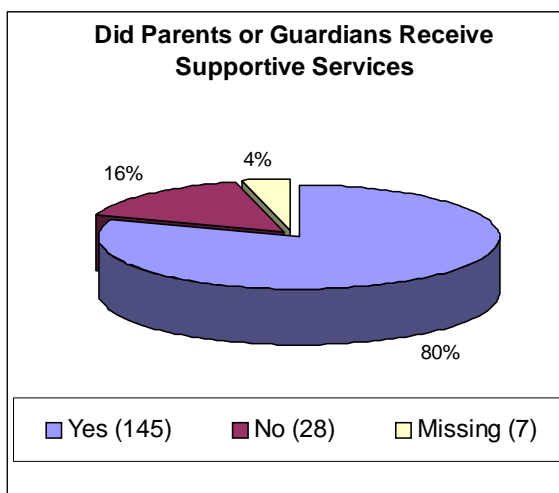
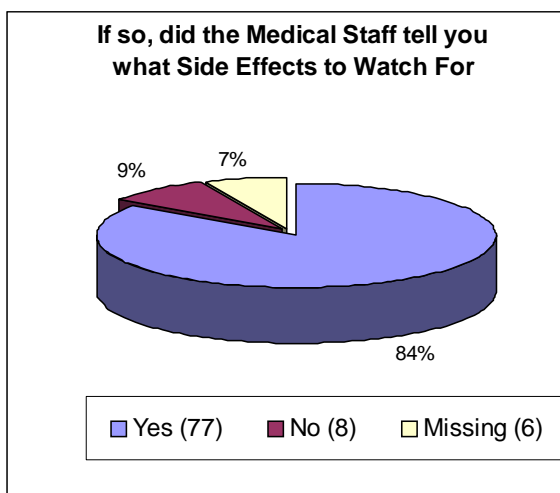
Whether Child/Youth Saw Doctor/Nurse for Check Up/Sick:



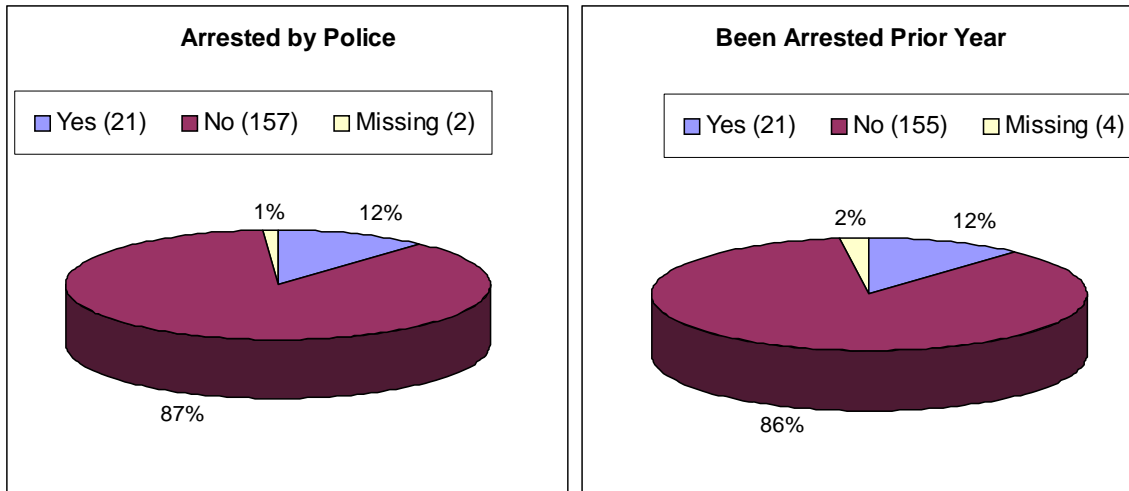
Child/Youth on Meds for Behavioral or Emotional Problems, and Was the Medicine Prescribed by a Doctor at the Center



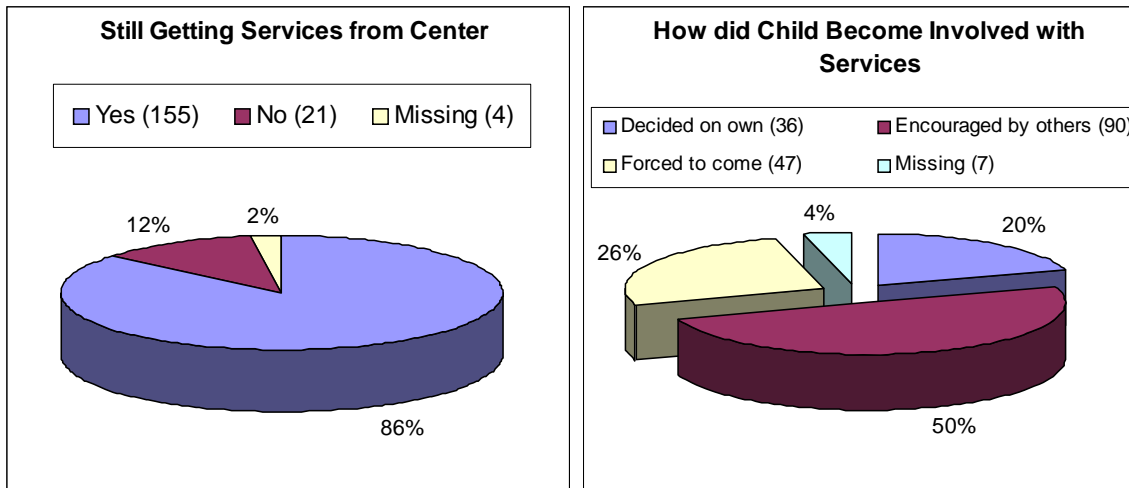
Did the Doctor or Nurse Warn about Possible Side Effects and Whether Parents Received Supportive Services



Whether the Child/Youth Arrested this year, and Whether Arrested in Prior Year:



Whether Still Getting Services from Center and How Child Became Involved with Services



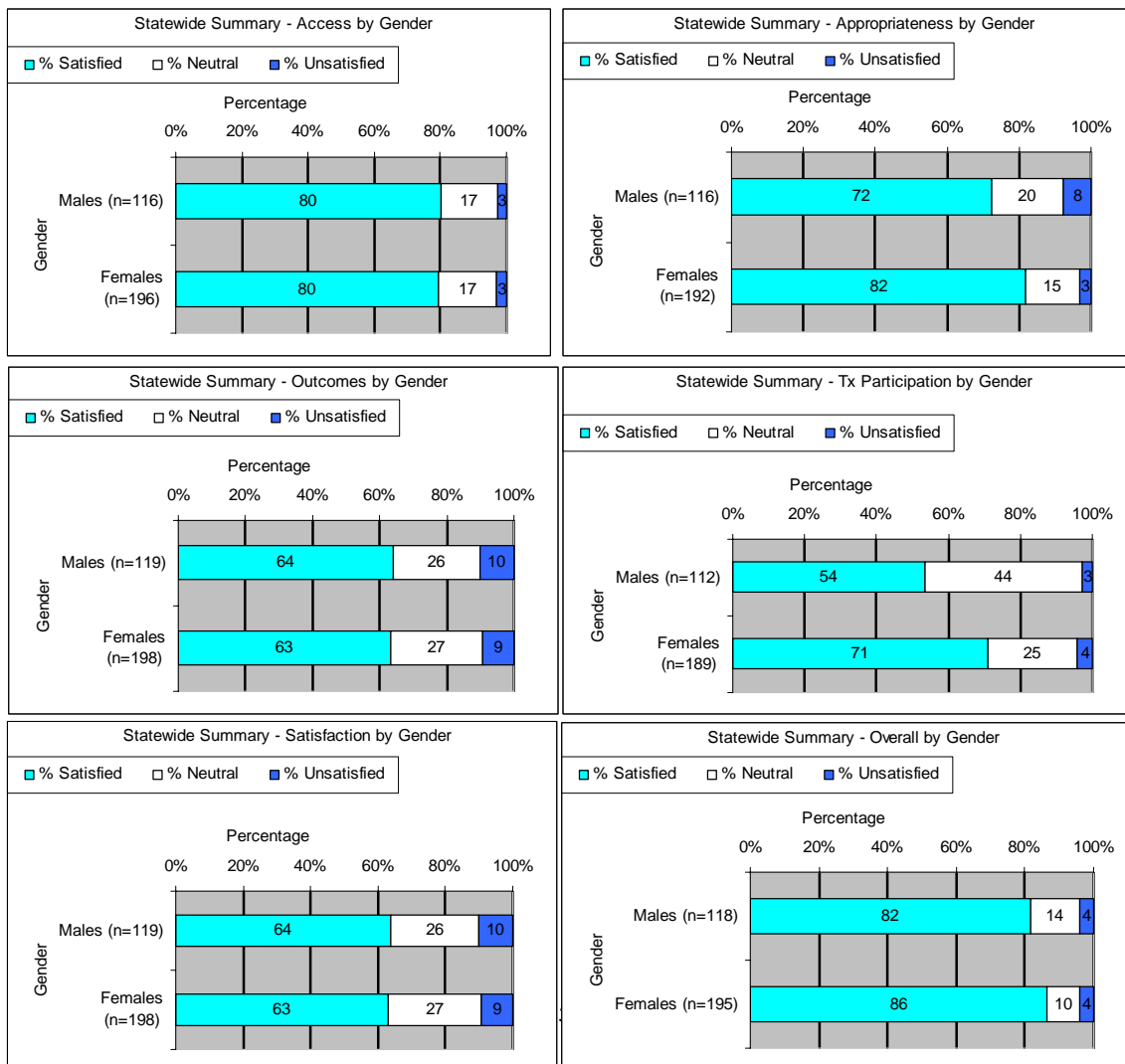
Appendix C: Results from 2006 for Adult Consumers for Differences Associated with Demographic Variables and Other Variables of Interest

Demographics

The following sets of analyses compares different groups of respondents on each of their five domain scores and on the MHSIP overall. The groups include Gender (males vs. females), Age (18 – 34+, 35 – 64+, 65 and above), Race/Ethnicity (white non-Hispanics compared to all others), whether Working for Money in the Community (those that are vs. those who are not), whether Still Receiving Services from the CMHC (those that are vs. those that are not), and Reason for Entering Treatment (Voluntary vs. Suggested by Others vs. Forced).

Evaluation of Services by Gender

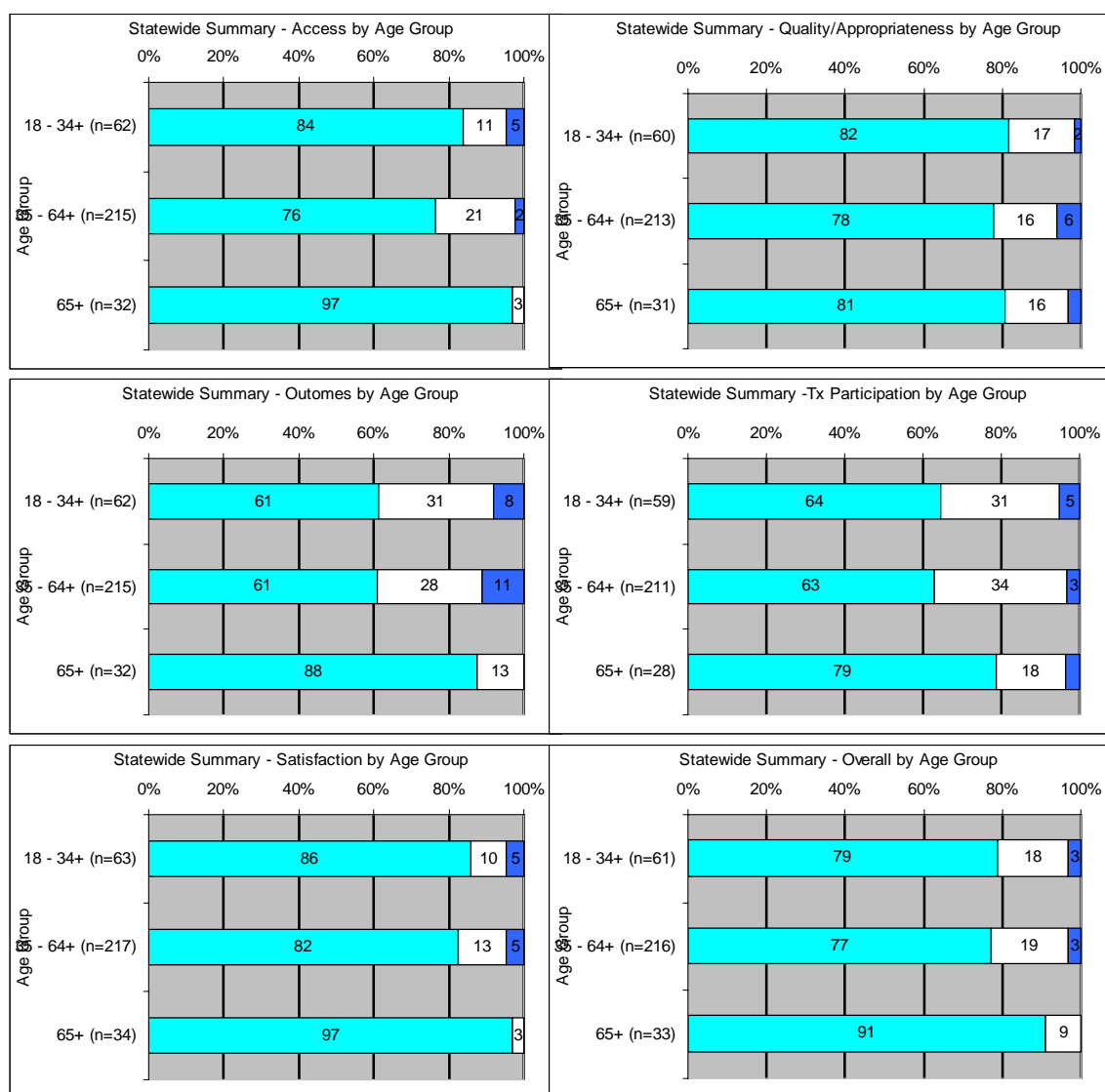
38% of respondents were male and 62% were female, about the same as last year. The tables below show the percentage of males and females that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows rating by males and females are comparable with the exception of two domains: Appropriateness and Participation in Treatment Planning. Only Appropriateness was significantly different statistically ($p < .05$); females were more positive.



An analogous set of analyses were carried out for all six survey years combined. No significant differences were found on any of the domains or on MHSIP Overall. It appears reasonable to conclude that there are no meaningful differences in males' compared to females' ratings on the MHSIP domains.

Evaluation of Services by Age Group

Of those responding, 20% of respondents were in the youngest age group (18-34); 70% were in the middle age group (35 – 64); and, 10% were in the oldest age group (65+). The tables that follow show the percentage of respondents in each age group that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows the oldest age group somewhat more likely to be satisfied over many if not most of the MHSIP domains. This observation was supported with statistically significant differences between groups on two domains (Outcomes and Satisfaction) as well as Overall ($p < .05$ in all three cases). In all cases the oldest age group was significantly more positive than the middle age group ($p < .01$ for the Outcome domain, otherwise $p < .05$).

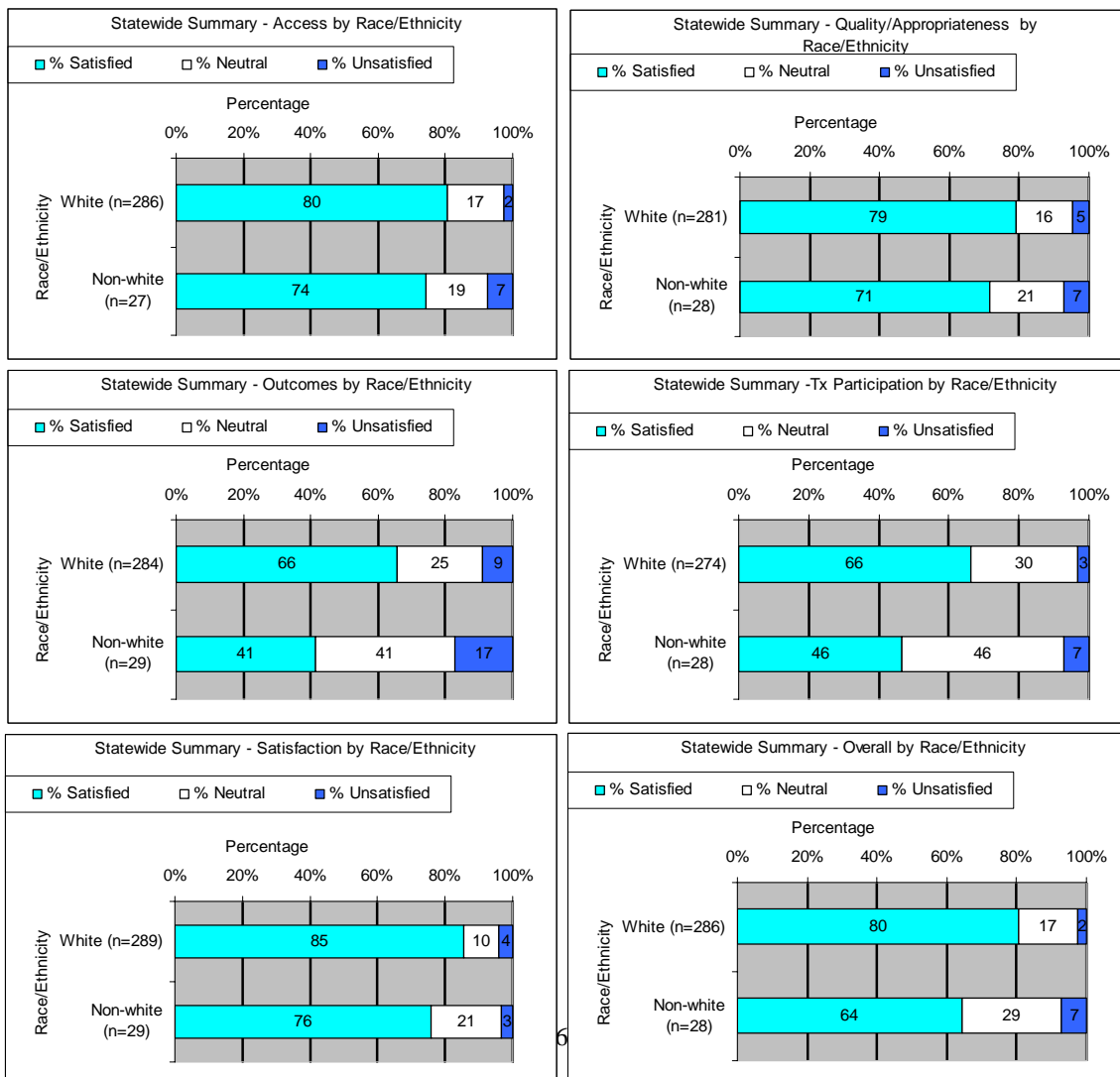


An analogous set of analyses were carried out for all six survey years combined. In all cases on average there was a progression towards greater satisfaction with increasing age. Statistically significant differences were found for all domains except for Appropriateness and treatment participation, and for MHSIP Overall ($p < .001$). In all cases respondents in the two older age groups were significantly more positive than respondents in the youngest age group. It appears reasonable to conclude that this is a reliable finding.

Evaluation of Services by Race/Ethnicity

Similar to last year's pattern 91% of respondents were White non-Hispanic while 9% were non-white. The following charts show the percentage of White Non-Hispanic and Non-White consumers that were satisfied, neutral, or unsatisfied for each domains and Overall. A visual inspection of these charts shows a tendency for non-whites to be more satisfied on most domains.

Unlike previous years there were statistically significant differences on three domains, Access, Outcome, and Participation in Treatment Planning ($p < .05$) and Overall ($p < .01$). This is the first year such differences were found. The effect size was moderate; it is strong enough to pay attention to if it is replicated in subsequent years. Over all six years, however, there was no indication of any reliable differences between these two groups ($p > .25$ in all cases).



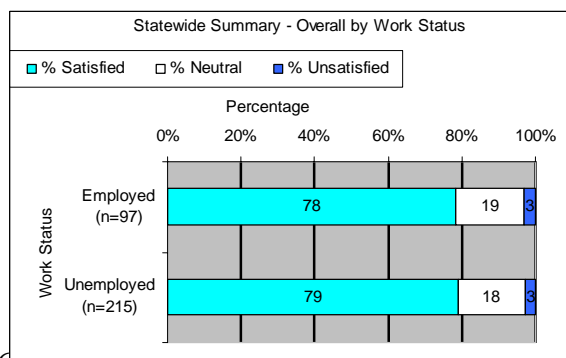
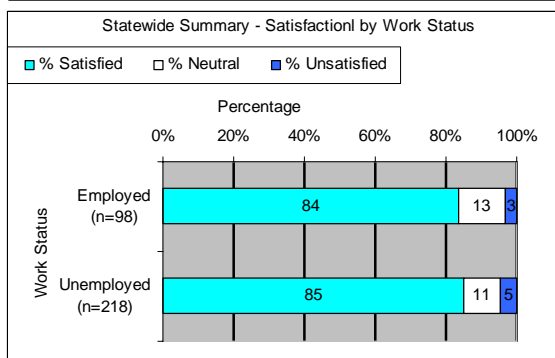
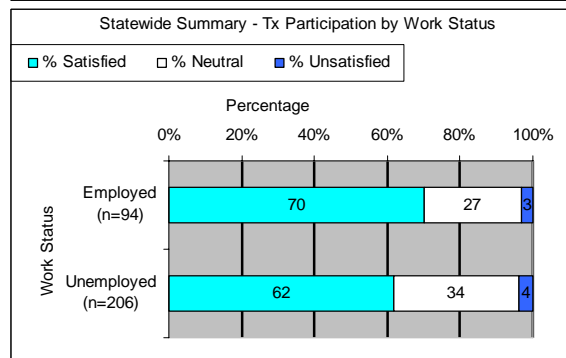
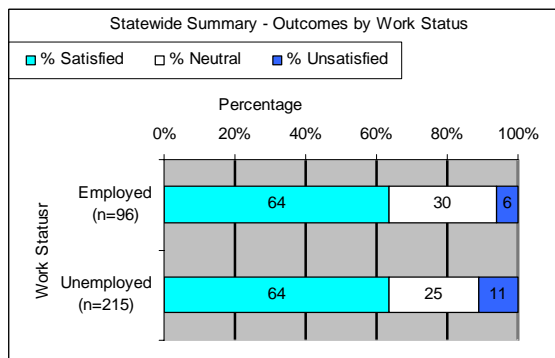
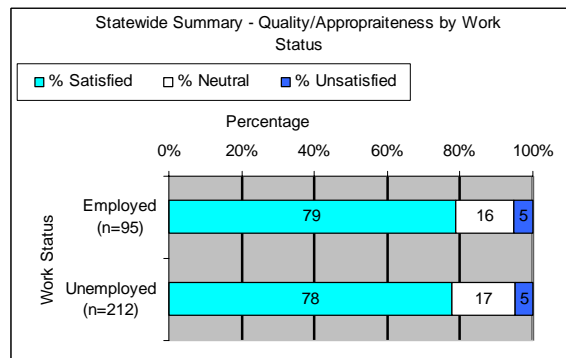
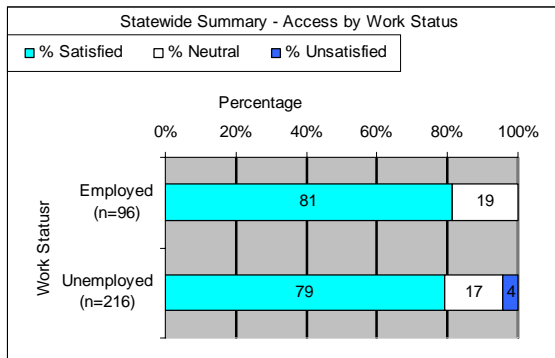
Factors Related to Performance

Working for Money in the Community

Of those responding to this question, 30% of respondents reported that they were working for money in the community; 70% reported that they were not. Over survey years 25% to 35% of consumer respondents report that they are working for money. The tables below show the percentage of employed vs. unemployed consumers that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score.

Unlike last year there were no statistically significant differences between the groups. (Last year respondents working were more positive about the Outcome domain.) This difference is a strong finding over all six years of the survey, however (means of 2.09 vs. 2.37, $p < .001$).

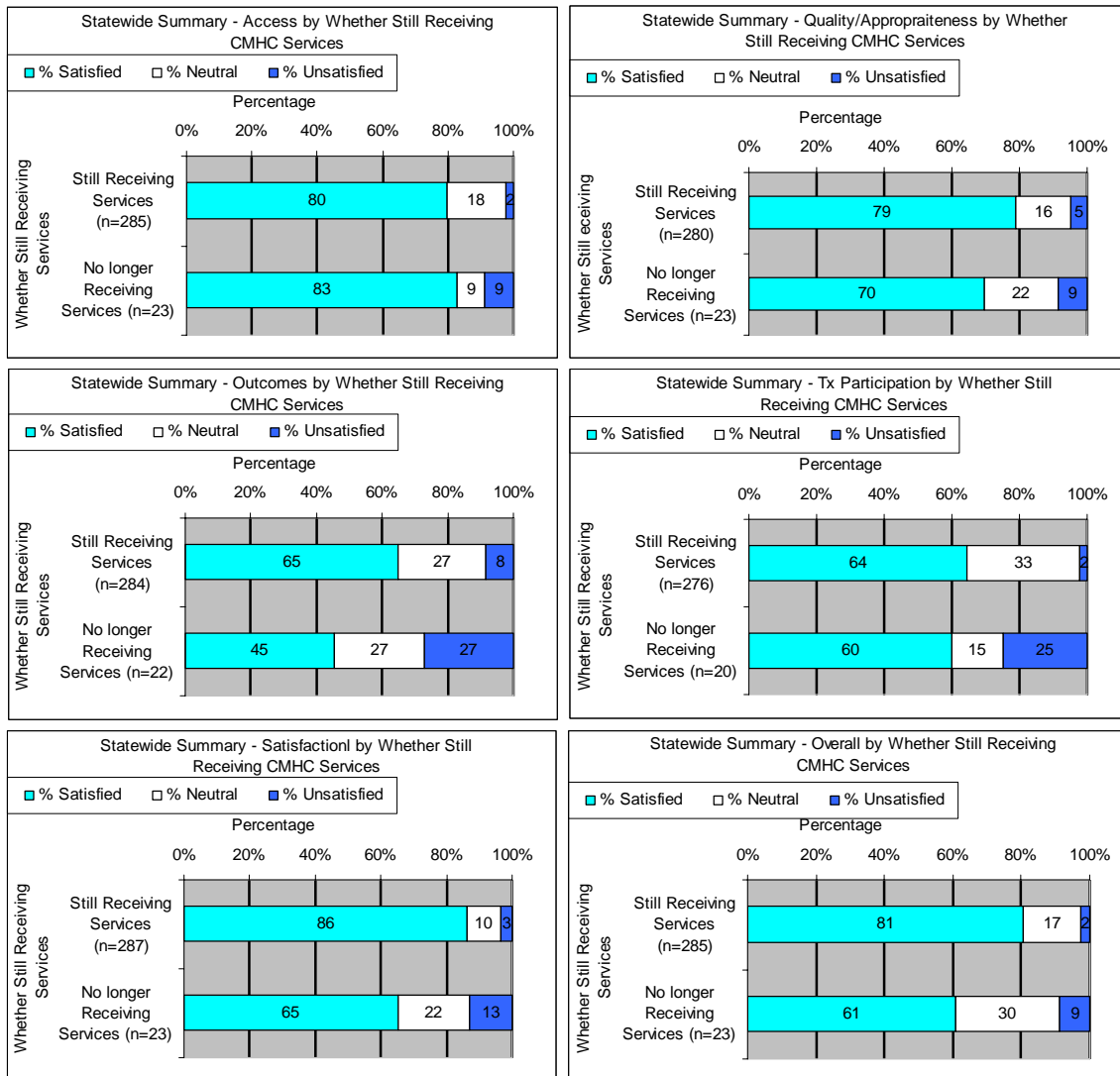
What was noteworthy this year was a difference between groups in unhealthy days. Respondents not working reported more unhealthy days than others, both mentally and physically ($p < .01$ in both cases). The effect size was moderate for physically unhealthy days and small for physically unhealthy days.



Still Receiving Services from their CMHC

Of those responding, 294 (93%) of respondents reported that they were still receiving services from their CMHC, while 23 (7%) reported that they were not. The percent still receiving services has ranged from 91% to 95% over the years of the survey. Combining survey years finds highly significant differences between these groups for all domains ($p < .001$).

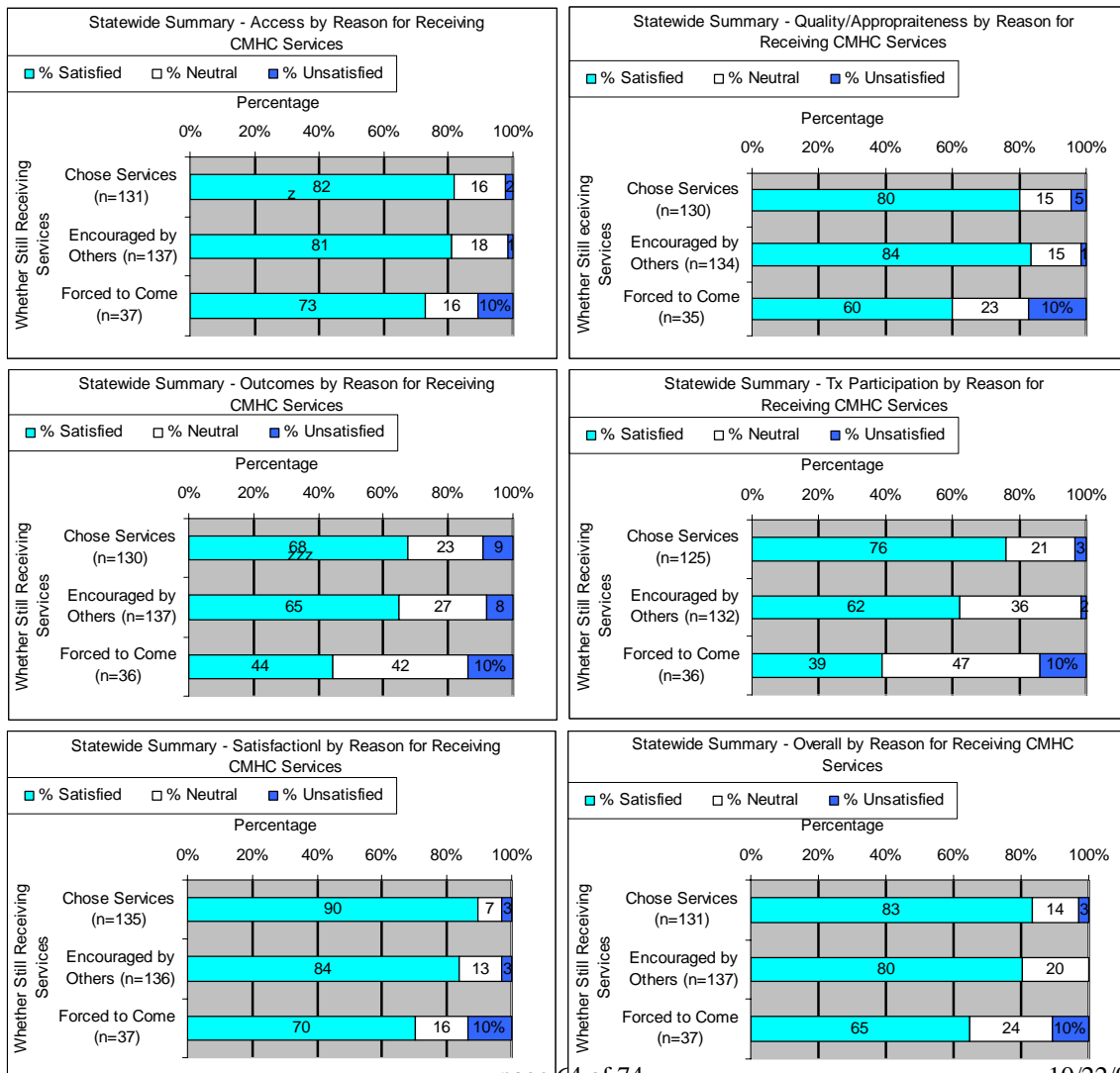
The number still receiving services is small in any year making statistical differences unlikely. As can be seen from a visual analysis of the six charts that follow, with some exceptions those no longer receiving services were more likely to be 'satisfied' in each domain. For the current set of data only one statistically significant difference was found for on any of the analyses conducted ($p > .5$). Respondents no longer receiving services were somewhat more positive on Satisfaction.



Voluntary or Not Voluntary

For Year 2004 a question was added to the MHSIP survey asking consumers to indicate why they made the decision to start receiving services from their CMHC. Most reported that they chose to receive services (44%) or were encouraged by others (45%) while a small percentage (12%) reported that they were forced to receive services.

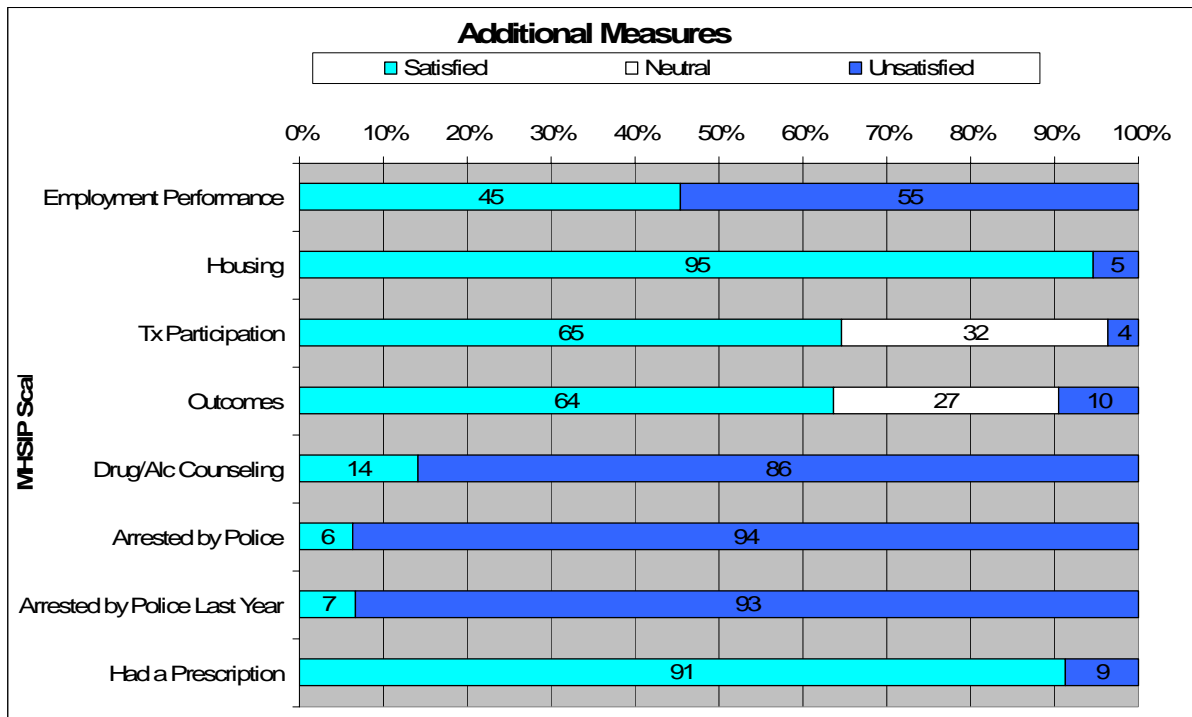
The tables below show the percentages of each group that were satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. Respondents forced to receive services reported substantially less positive scores in virtually all domains. This is quite similar to the patterns found in preceding years. There were statistically significant differences between groups this year on three domains, Access ($p<.05$), Treatment Planning ($p<.01$), and Satisfaction ($p<.01$), as well as Overall ($p<.01$). In all cases post hoc tests showed that there were no significant differences between those who “chose services” compared to those who were “encouraged by others”, and that these two groups were significantly more positive than those who reported that “they were forced to come”. The effect size for these findings was at least moderate in all cases.



Over all six years there were highly significant and meaningful differences such that those forced to come were significantly less positive than the other two groups on all domains and for MHISP Overall ($p < .01$ and beyond in all cases).

Additional Measures:

The chart below displays the results from a number of additional measures included in the survey. Employment performance indicated that 45% of respondents are 'employed' by the criteria supplied (working for money in the community, doing volunteer activity, or working in the CMHC); 55% are not so employed. 95% of respondents indicate that they live in (relatively) independent housing, 5% do not.



Sixty-five per cent of respondents are satisfied with their participation in their treatment decisions, while four per cent are dissatisfied. About the same percentage of respondents (64%) agree that they are satisfied with the outcomes received from their involvement with their CMHC, while a larger percentage, ten per cent, are dissatisfied.

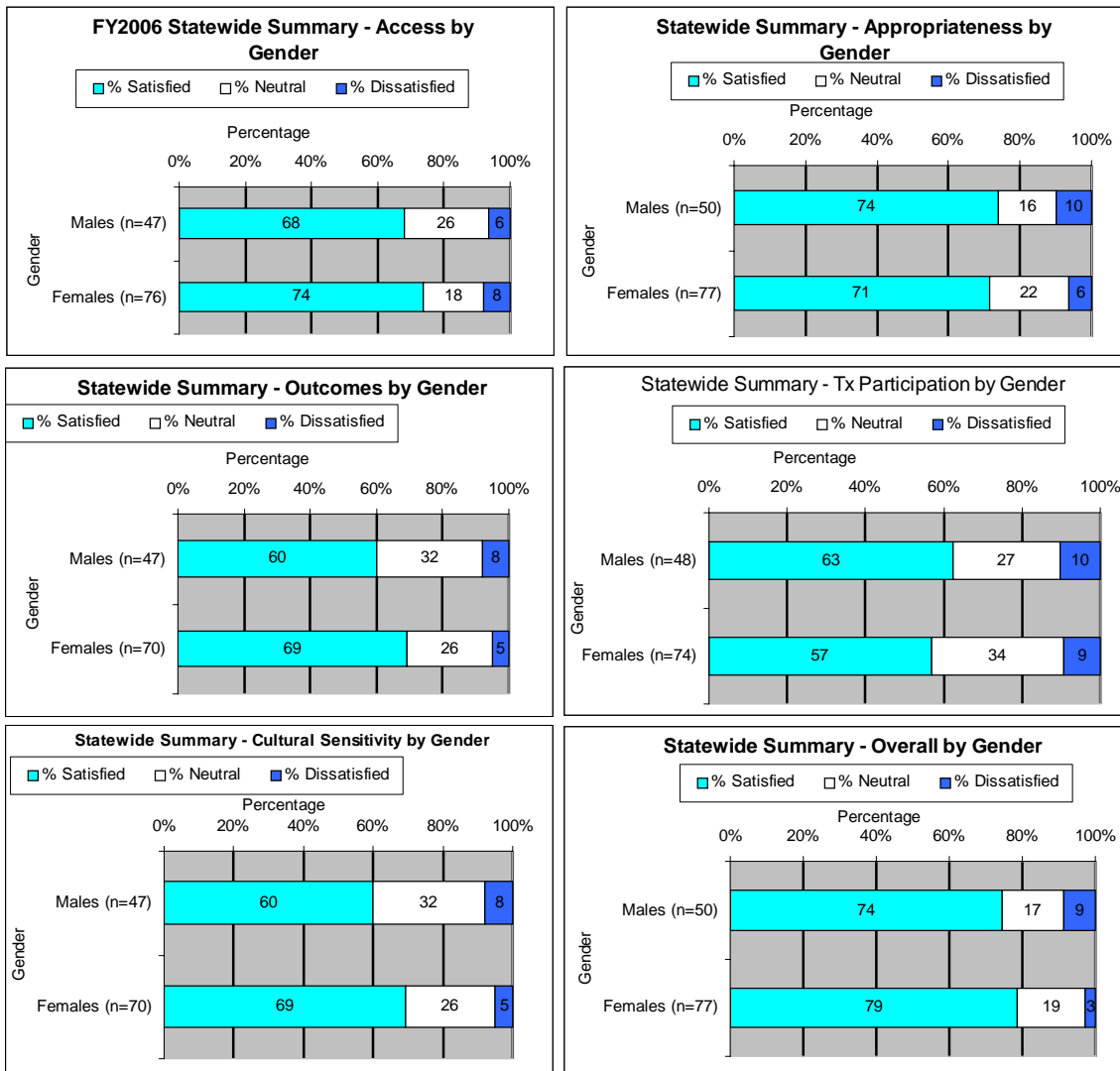
Fourteen per cent of respondents are in drug or alcohol counseling or both, 86% report that they are not; this represents an increase of about 10% compared to last year. Only six per cent of respondents reported that they have been arrested by the police, 94% have not, while 7% said that they had been arrested during the prior year. And, ninety-one per cent reported that have had a prescription for a mental or emotional problem while six per cent had not.

Appendix D: Results from 2006 for Youth and Families of Children and Youth for Differences Associated with Demographic Variables and Other Variables of Interest

Demographics (Cultural Competence of Care)

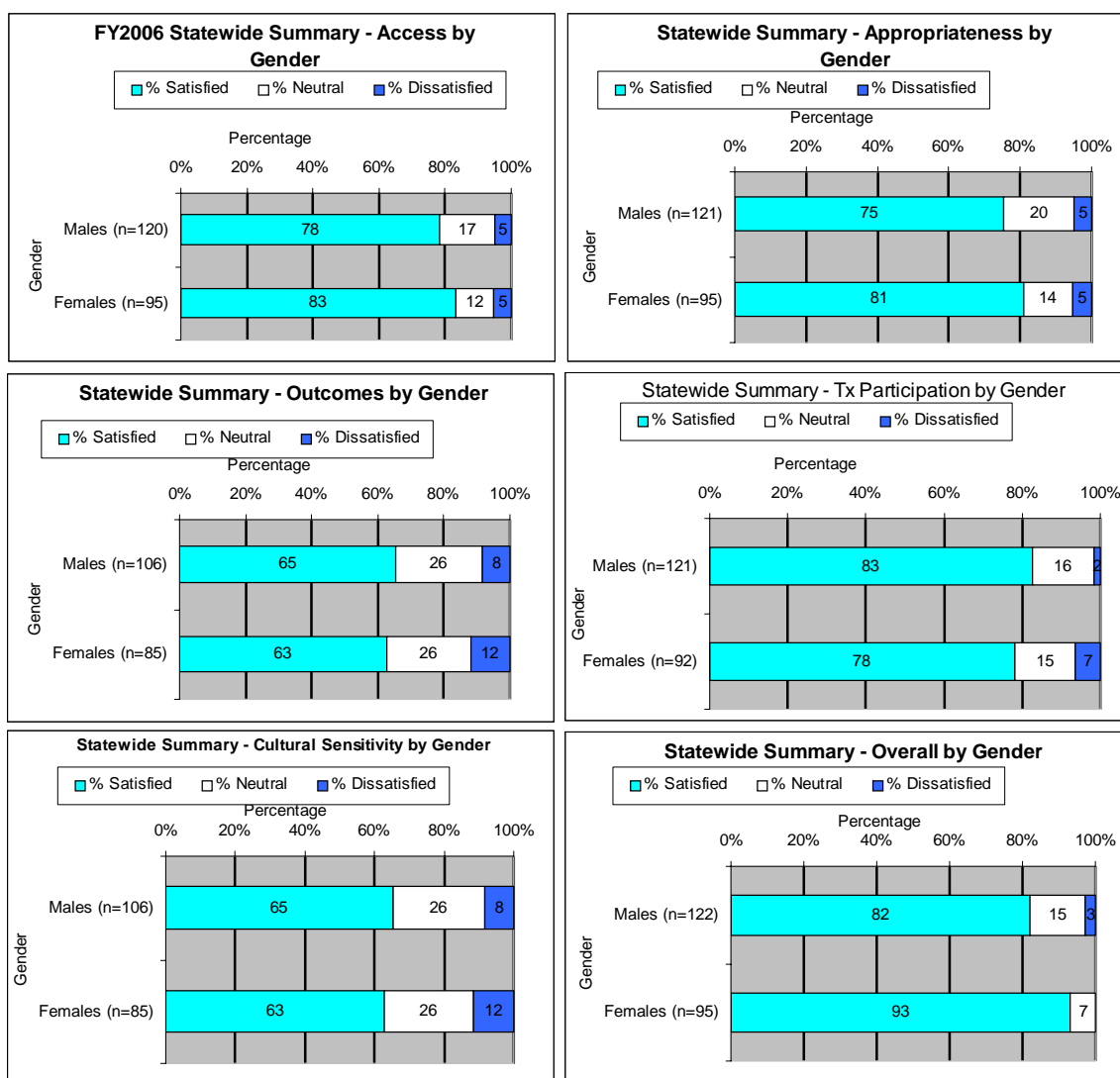
In the following section, findings will be presented that compare and contrast different groups of respondents on each of their five domain scores and on the MHSIP overall. The groups to be contrasted include Gender (males vs. females), Race/Ethnicity (white non-Hispanics compared to all others), whether Still Receiving Services from the Center (those that are vs. those that are not), and Reason for Entering Treatment (Voluntary vs. Suggested by Others vs. Forced to Receive Services).

Youth: As already reported fifty (39%) of the youth were male and seventy-eight (61%) were female. A visual inspection of these charts shows no consistent pattern of differences between males and females. The statistical analyses that follow will help determine whether differences on one or more of the MHSIP domains do in fact exist.



A set of analyses were carried out for Year 2006 youth consumers comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses there was no evidence of differences as a function of gender ($p > 0.40$ in all cases). Findings from combining data from all six years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall ($p > .35$ or beyond). Thus it seems safe to conclude that reliable gender differences do not exist.

Family of Children and Youth: As already reported, one hundred twenty-one children and youth (56%) in this sample were male and ninety-six (44%) were female. One respondent did not provide this information. A visual inspection of these charts shows no consistent pattern as a function of gender. The statistical analyses that follow will help determine whether any of the differences shown below were reliable.



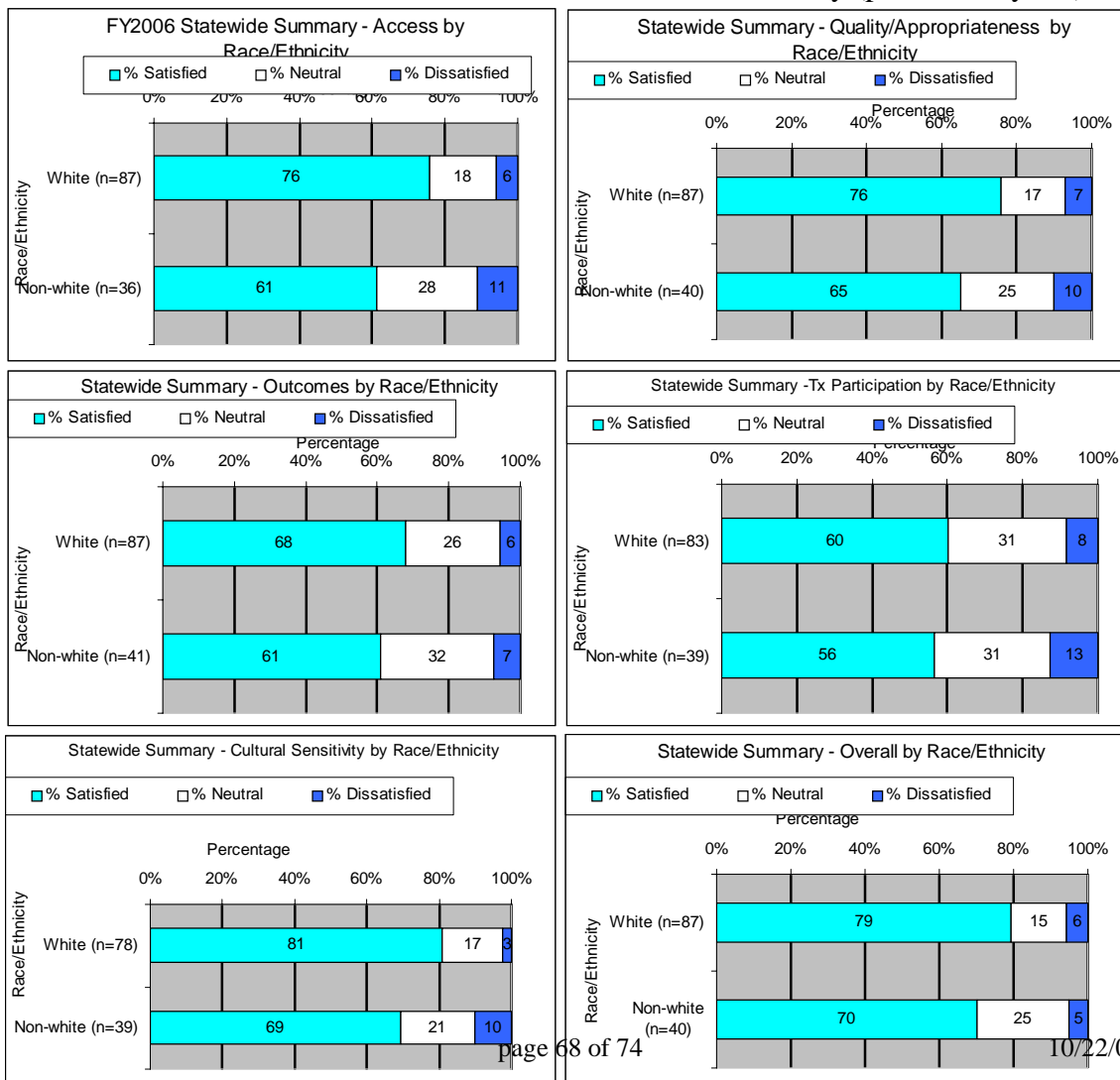
A set of analyses were carried out for Year 2006 family of children/youth respondents comparing males and females on their average MHSIP domain scale scores and on MHSIP

Overall. Without exception no evidence was found for differences as a function of gender ($p > 0.10$ or greater in all cases). Findings from combining data from the four years of this survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall with one exception, the domain of Treatment Participation. Parents/Guardians of male compared to female youth were more satisfied with the extent they could participate in treatment decisions (means of 1.89 vs. 2.04 respectively, $p < .01$). This finding, however, is smaller than was the case last year and now represents less than a small effect size. Thus this one difference between genders is no longer clinically meaningful.

Evaluation of Services by Race/Ethnicity

Youth: For the purpose of this analysis, youth were divided in two groups: those who were White-non-Hispanic as compared to those who were non-White. Eighty-seven (68%) of the youth were white, non-Hispanic and forty-one (32%) were non-white. All respondents indicated their race/ethnicity. A visual inspection of these charts showed substantial differences indicating white-non-Hispanics compared to non-whites were more likely to be satisfied on all MHISP domains. The statistical analyses that follow will help determine whether these were ‘real’ findings.

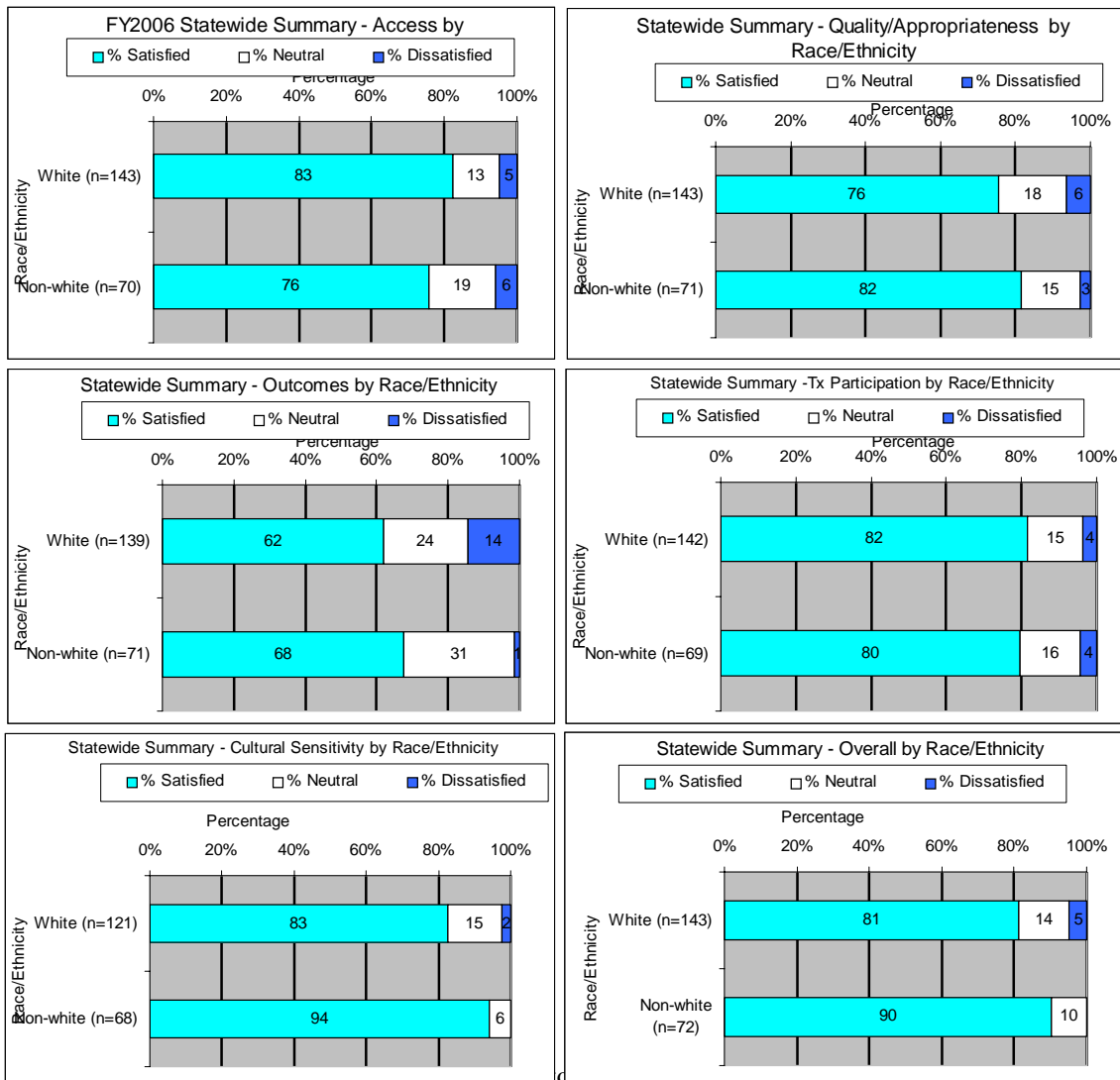
A set of analyses were carried out for Year 2006 youth consumers comparing whites and non-whites on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses there was no evidence of differences associated with race/ethnicity ($p > .25$ or beyond).



Findings from combining data from all years of the survey indicated that there were reliable differences on two of the MHSIP subscale domains, Access and Treatment Participation. The effect size for both findings was below small, however, leading to the conclusion that these were not clinically meaningful differences. Thus the most likely conclusion to draw to date is that there are no meaningful differences among the youth population associated with race/ethnicity. Rather these statistically significant differences are occurring because of the large number of youth in each of the two groups.

Family of Children and Youth: For the purpose of this analysis children and youth were divided in those who were White non-Hispanic as compared to non-White. As already reported one hundred forty-four children and youth (67%) in this sample were white, non-Hispanic and seventy-three (33%) were non-white. This information was available in all but one case. A visual inspection of the charts below showed strong but inconsistent differences between parents/guardians of white compared to non-white children/youth. The statistical analyses that follow will help determine whether these were ‘real’ findings.

A set of analyses were carried out for Year 2006 family of children/youth respondents comparing whites to non-whites on their average MHSIP domain scale scores and on MHSIP Overall. There was no evidence of differences as a function of race/ethnicity ($p > 0.10$ in all these cases).

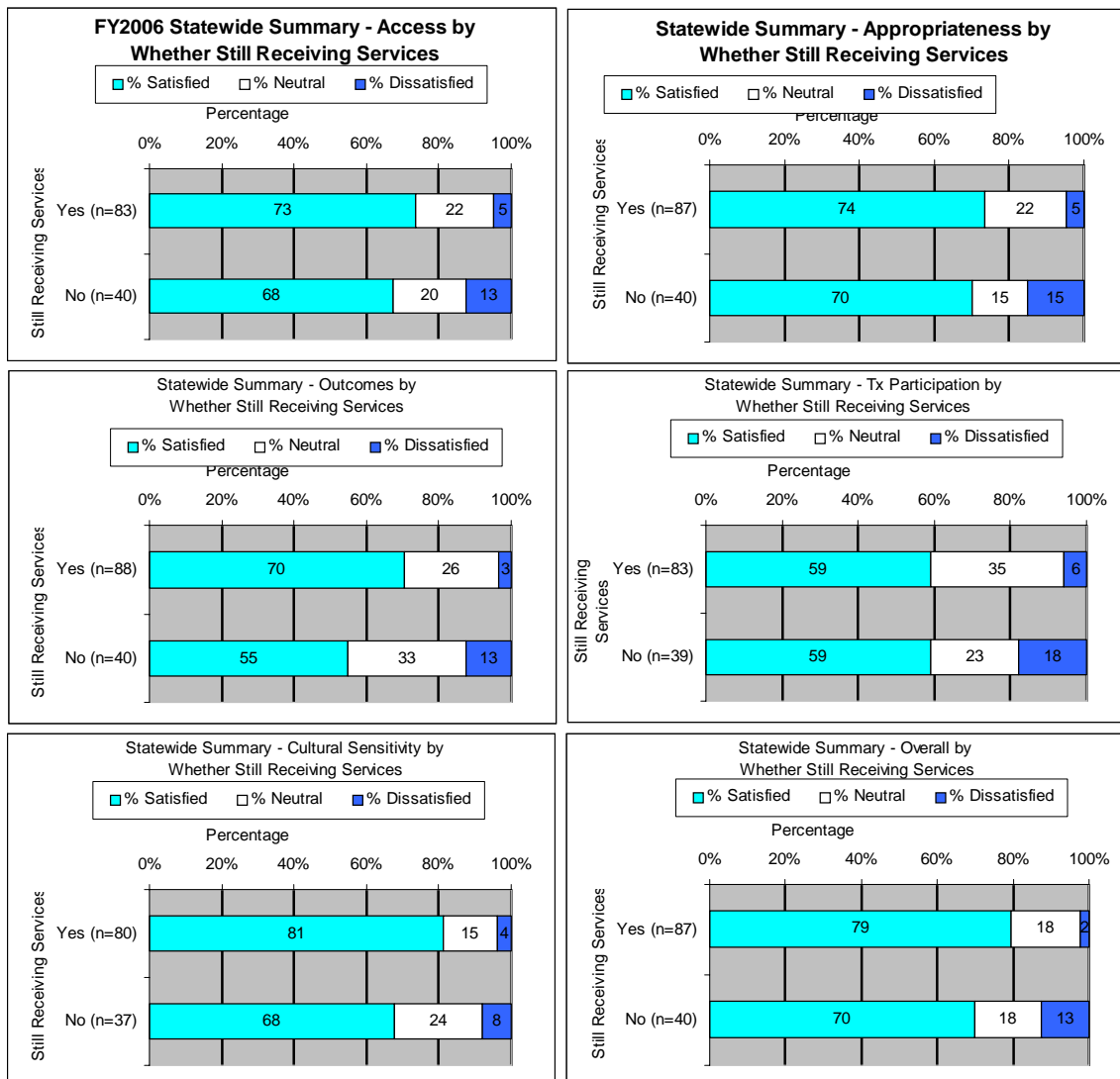


Findings from combining data from all four years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall ($p > .09$ in all cases). Thus there is little evidence to suggest that there are reliable, meaningful differences as a function of race/ethnicity.

Evaluation of Services by Whether Still Receiving Services from Center

Youth: Eighty-eight youth (69%) reported that they were still receiving services from the Center while forty (31%) reported that they no longer receiving services. All youths answered this question. This is an increase from of 22% to 31% in the percentage of youth who report they no longer received services.

A visual inspection of these charts showed possible differences on a number of the MHISP domains. The statistical analyses that follow will help determine whether this was a ‘real’ finding.

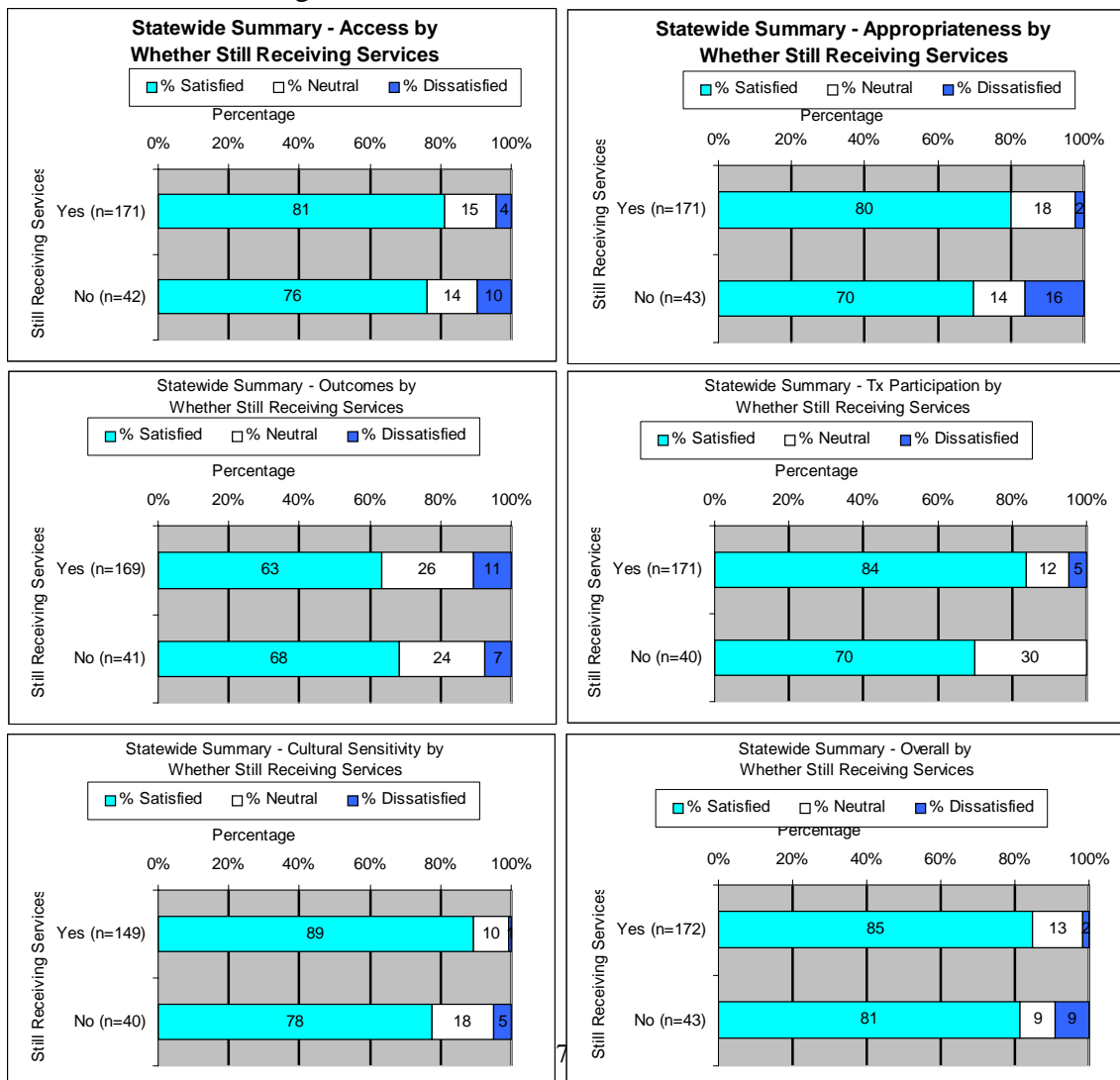


A set of analyses were carried out for Year 2006 youth consumers comparing those who reported that they were still receiving services to those who reported they were not. There were no statistically significant differences found ($p > .05$ or beyond in all cases).

As was the case last year, findings from combining data from all available years of the survey found statistically significant differences indicating those still receiving services were more satisfied on all domains except Outcomes and for the MHSIP Overall ($p < .05$ and beyond). Means for MHSIP Overall were 2.16 vs. 2.36 respectively. In all cases effect sizes ranged from small to small-medium.

Thus for the entire sample those youth still receiving services compared to those who are not were significantly more satisfied with services in almost all MHSIP domains as well as for MHSIP overall. The domain in which there was the smallest difference ($p > .50$, not statistically significant) between these two groups was for Outcomes.

Family of Children and Youth: One hundred seventy-three parents/guardians of children or youth (80%) were still receiving services from the Center with the remainder, forty-three (20%) reported that they no longer receiving services. Three respondents did not answer the question and were not included in this analysis. A visual inspection of these charts shows likely differences on several MHISP domains favoring those who were still receiving services in all cases but one. The statistical analyses that follow will help determine whether any of these are a ‘real’ finding.



A set of analyses were carried out for Year 2006 parents/guardians of children/youth consumers comparing those who reported that they were still receiving services to those who reported they were not. With one exception, differences between those still receiving services compared to those who were not receiving services were not statistically significant ($p > .10$). The one exception was for the domain of Quality/Appropriateness; those parents/guardians whose children/youth were still receiving services compared to those who were not receiving services were significantly more satisfied (means of 1.89 vs. 2.19, $p < .05$). This difference represents a small/medium effect size.

As was the case last year, findings from combining data from all four years of the survey found statistically significant differences. This indicated that parents/guardians of those children/youth still receiving services compared to those who were not were more satisfied on all domains ($p < .001$ or beyond) except for Access and Outcomes ($p > .15$) and for the MHSIP Overall ($p < .01$). Means for MHSIP Overall were 1.97 vs. 2.15 respectively, the same difference as last year. Effect sizes ranged from small to small-medium in all cases.

Thus it appears reasonable to conclude that those parents/guardians whose children/youth who were still receiving services were statistically more satisfied compared to those who reported that they were no longer receiving services on the majority of the MHSIP domains as well as MHSIP Overall.

Evaluation of Services by How Became Involved

Mental health centers differ in their mix of clients. One factor that may make a difference is the consumer's reason for getting mental health services or the parent/guardians reason for arranging for services for their child or youth. Starting with Year 2003, parents or guardians of children and youth consumers were asked to indicate whether they had chosen to receive mental health services for their children/youth themselves, whether they had been encouraged by others, or whether their children/youth were forced to receive such services. Starting with Year 2004, this question was included in the Youth survey as well.

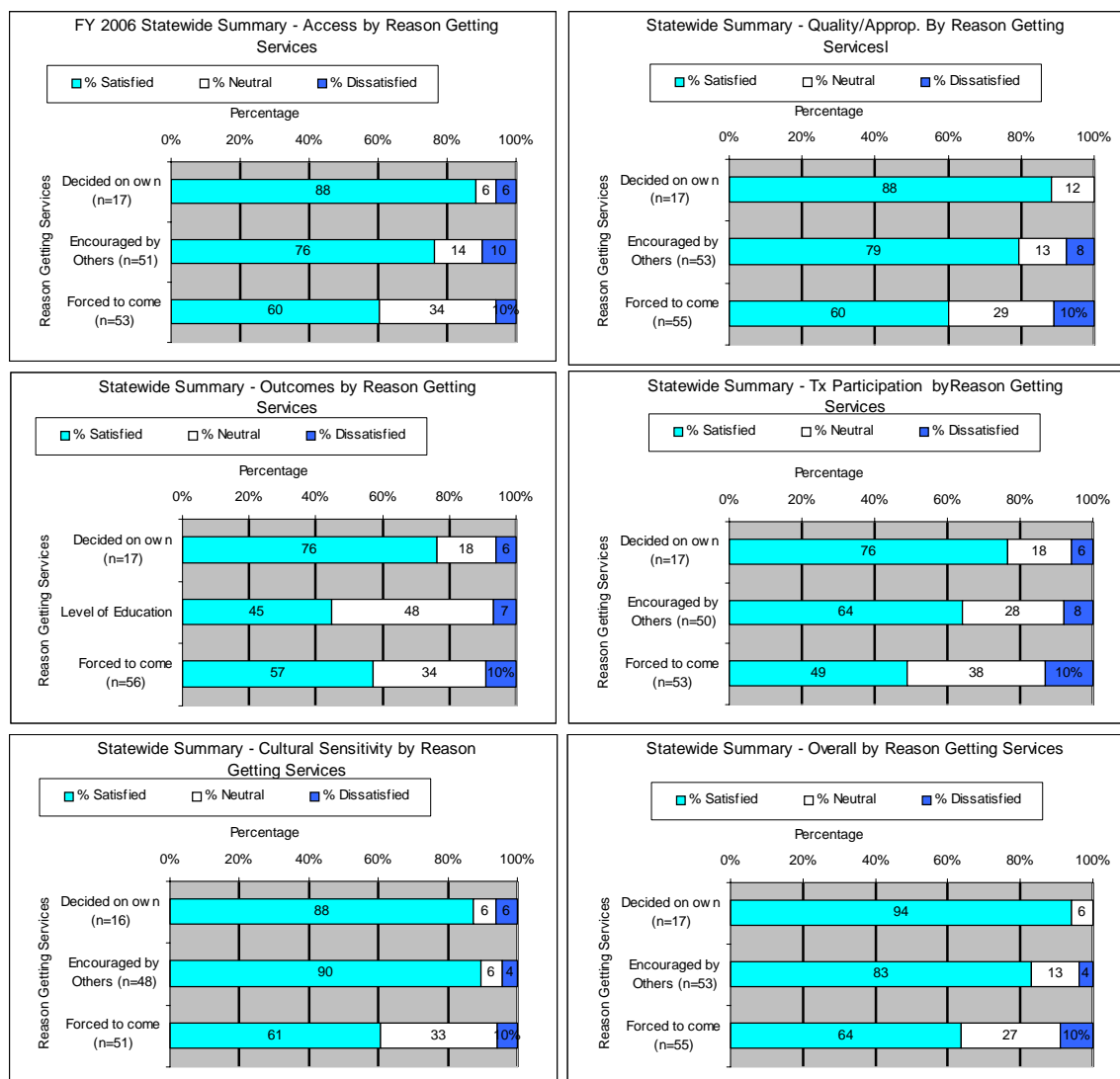
Youth: Only a small percentage of youths reported that they had chosen to get services ($n = 17$, 13.5%); this was about the same percentage as last year. The remaining youths who answered were split between the other two categories: fifty-three (41.4%) reported that they had been encouraged by others; fifty-six (43.8%) reported they were forced to come. Only two (1.6% of the total sample) did not answer this question.

The distribution of Youth responses on this question was much more similar to the Parent/Guardian population (see below) than compared to the adult populations surveyed. A much higher percentage of the adult population reported that they had chosen to receive services, and a much lower percentage indicated that they had been forced to receive services.

A visual inspection of these charts shows possible differences on all MHISP domains, such that those who chose to get services appear substantially more likely to be satisfied than those who were forced to come. The statistical analyses that follow will help determine which if any of these differences if any represent a 'real' finding.

In contrast to last year's data there were no statistically significant differences found on any of the domains nor for MHSIP Overall ($p > .10$ and beyond). The results from combining all available years, however, shows exactly the pattern expected. There were statistically

significant differences in the mean level of satisfaction for all domains as well as MHSIP Overall ($p < .05$ and beyond). For all measures except the domain of Access and Outcomes, those youth who chose to or were recommended to come were significantly more satisfied than those who reported they were forced to come. For the domains of Access and Outcomes, those youth who chose to come were significantly more satisfied.

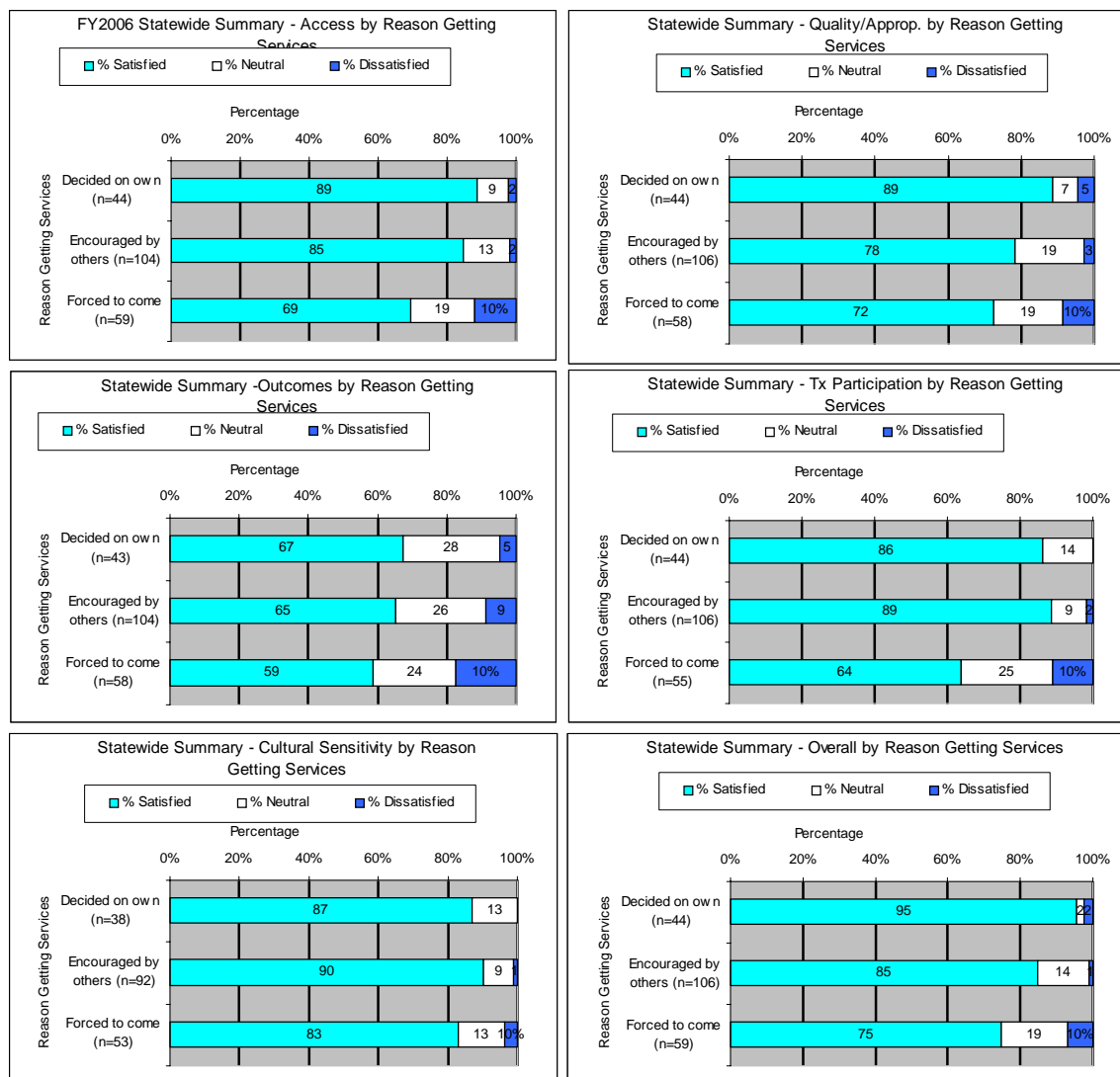


Family of Children and Youth: As was the case for the previous two years, for Year 2006 only a small percentage of respondents (forty-four, 21.0%) said that they chose to get services for their child/youth. Almost half, (one hundred seven, 51.0%) reported that were encouraged to get such services for their child/youth, while slightly more than one-quarter (fifty-nine, 26.9%) reported that they were forced to obtain services for their child/youth. Nine parents/guardians (4.1% of total) chose not to answer this question; those who did not answer were not included in the charts below.

A visual analysis of the charts below indicated that those who reported that they chose services or were encouraged to start services for their child/youth were more satisfied than

those who were forced to receive services for their child/youth. The statistical analyses that follow will help determine whether this was a ‘real’ finding.

A set of analyses was carried out for Year 2006 parents/guardians of children/youth consumers comparing the three groups just described. There were statistically reliable differences for several MHSIP domains (Access and Treatment Participation, and for MHSIP Overall ($p < .01$ and beyond). Post hoc tests showed that in all cases those respondents who reported that they had decided on their own that their youth/child would get services were significantly more satisfied than those who reported that they were forced to receive services.



Findings from combining data from the last three year’s survey with those of this year found differences on all domains and on MHSIP overall ($p < .01$ or beyond in all cases). Post hoc analyses showed the expected pattern found with adult consumers. Those who reported deciding that their child/youth needed services were substantially more likely to be satisfied than those who reported that they were encouraged by others. In turn, both groups were significantly more likely to be satisfied than those who reported that they were ‘forced to come’.